Medical Economics

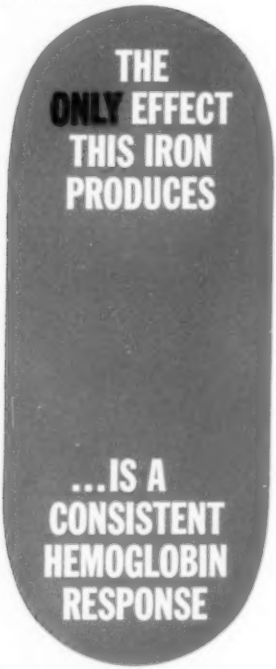
PUBLISHED EVERY OTHER MONDAY • ISSUE OF JULY 18, 1960



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newest advance in iron therapy



PATIENTS ON SIMRON REPORT NO GASTRIC UPSET, NO BLACK STOOLS, NO CONSTIPATION OR DIARRHEA

Simron is iron (ferrous gluconate) in a dramatically different agent* which facilitates iron absorption.

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*Sacagen—special absorption agent.
Trademarks: 'Simron,' 'Sacagen'

1. Ausman, D. C.: J. Am. Geriatric Soc. 7:268, 1959.

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Medical Economics

NEWS BRIEFS

HOW MUCH DO DOCTORS SPEND ON KEEPING UP with new medical developments? One professional management firm's study shows that average outlays by field of practice range from $524 annually (pediatricians) to $1,850 annually (plastic surgeons).

HEART OF THE MATTER: The British Society of Gastroenterology will soon start publishing a new quarterly medical journal. Its title: GUT.

SISTER KENNY FOUNDATION SPENDS ONLY 9% of its income on fund-raising, latest American Assn. of Fund-Raising Counsel data show. But Minnesota's Attorney General seems skeptical. He says that of $1,542,639 raised in 1956 by the Foundation's Minneapolis office, 98.5% went for campaign purposes.

FEES ARE STILL THE KEY SOURCE OF FRICTION between patients and doctors, the New Jersey medical society reports. Of 99 formal complaints filed against its doctors last year, 68 concerned fees.

NEWS BRIEFS

FEWER NEW TAX SLEUTHS than the I.R.S. hoped for will be checking up on taxpayers next year. The Service requested an appropriation increase that would have enabled it to hire 2,900 more agents. Congress has given it only enough to hire 2,000.

SHOULD AIDES DO LAB WORK? California doctors were warned by their state's Department of Public Health recently that California law forbids "any teaching of laboratory tests unless the teaching is sufficient...to qualify the students for licensure as clinical laboratory technologists."

DO DOCTORS CHARGE MORE when patients have no-fee-schedule health insurance? One big insurer says it has proved statistically that they do. Among its insurees with fee-schedule policies, it reports, M.D.s' charges for T. & A. average about $76 regardless of the patient's income. Among no-fee-schedule insurees, those in the lowest income group pay an average $84.50; those in the highest, $130.83.

WHAT'S DRIVING HOSPITAL BILLS UP? It's not the "hotel costs" that are raising hospital bills, the New Jersey Blue Cross Rate Study Committee has decided after looking into hospital rates. Instead, the committee came to "the inescapable conclusion that...medical...influences...are five times as great a factor in the increase" as all others.

XUM

MAIL FLOOD MOUNTS: Doctors now get an average 5,215 promotional mailings per year, a new study shows. A year ago, the total was only 4,970.

SOCIAL-SECURITY-PAID HEALTH CARE FOR THE AGED will almost certainly be voted when Congress reconvenes in August, Washington insiders now say. Democratic Senators Kennedy and Johnson both favor such a bill. But whether it becomes law, observers add, depends largely on whether Republican Candidate Richard Nixon accepts the President's planned veto of the bill—thus giving the Democrats heavy campaign ammunition—or tries to talk him out of it.

IF YOU'VE PAID ANY DOMESTIC HELP $50 or more in the past 3 months, their next Social Security tax installment is due July 31, the I.R.S. reminds you. Local Social Security offices have the forms.

RULE BARRING D.O.s from medical society membership "contravenes the public policy of the state," the N.J. Superior Court has held. The plaintiff, Italo Falcone, had both D.O. and M.D. degrees. But the Middlesex County society denied him membership when it found he'd earned 3 years' credit towards his M.D. degree through studies at the Philadelphia School of Osteopathy. Now the Court has held: "A rule barring graduates of a school approved by the State Board of Medical Examiners is unreasonable."

XUM

NEWS BRIEFS

RUSSIAN RAT RACE: In Soviet clinics, the newspaper Literaturnaya Gazeta reports, "according to the established quota, a therapeutist is expected to examine six patients, a surgeon ten, and a nerve specialist five in the space of an hour."

BONUS FOR AUTO STOCKHOLDERS: If you were a stockholder of record in the Studebaker-Packard Corporation as of this June 20th, the firm says it will sell you a Studebaker car (or truck) at a $100 discount. The offer, the first of its kind in the auto industry, is good through September.

IS IT MALPRACTICE if a doctor, acting in his professional capacity, injures a nonpatient? A Maine doctor who'd just vaccinated a child scratched the child's grandmother accidentally with the needle. Five years later, she sued. Now a U.S. Appeals Court has said that she can't collect; that what the doctor committed was medical malpractice, which carries a 2-year statute of limitations in Maine.

PICK AN INTERNIST FOR YOUR FAMILY DOCTOR, the magazine Consumer Reports recently advised its readers. But in so doing, it ran into a storm of protest from G.P.s. So the magazine has altered its advice slightly. The "ideal family doctor," it now says, can certainly be "a well-trained general practitioner with a good hospital connection."

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JULY 18, 1960

contents

What to Do if You Discover a Colleague's Mistake . . 69

You don't want to criticize another physician. Yet you have an ethical responsibility to your patient. How should you handle the situation? Here are authoritative answers

A Model Estate Plan for Today's Doctor 72

Four authorities have teamed up to produce this yardstick, which you can use to measure your own estate planning by

Get More Done Without Working Longer Hours . . . 82

Better work scheduling is the secret. Throw away that standard appointment diary, and design a daily work sheet of your own to fit your work habits. It'll help you give good service to at least three or four more patients per day

Nail Down Those Special Deductions! 89

A management consultant suggests a simple way to record practice-connected expenses as you incur them

More▶

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	Atropine sulfate	1/360 gr.	1/540 gr.
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	Thyroid	½ gr.	⅓ gr.
	Phenobarbital*	¼ gr.	⅙ gr.

*(Warning: May Be Habit-Forming)

DOSAGE: One PHANTOS or PHANTOS-10 Capsule daily, taken on arising.

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contents

If You Have to Fire an Aide ***91***

There's more than one way to dismiss a girl who hasn't worked out. The most graceful way out of the awkward situation will depend on your reasons for letting her go

Best Way to Handle Reminder Cards ***97***

It's not likely that a patient will misinterpret your motives if he's made to feel that reminders are a free extra service. That's why more and more doctors are doing it this way

What's Your Tipping I.Q.? ***100***

Do you tend to over-tip? Under-tip? Or fail to tip at all where custom sanctions it? These assorted tips on the etiquette of tipping will keep you from losing money or face

Your Rights in an Auto Accident ***125***

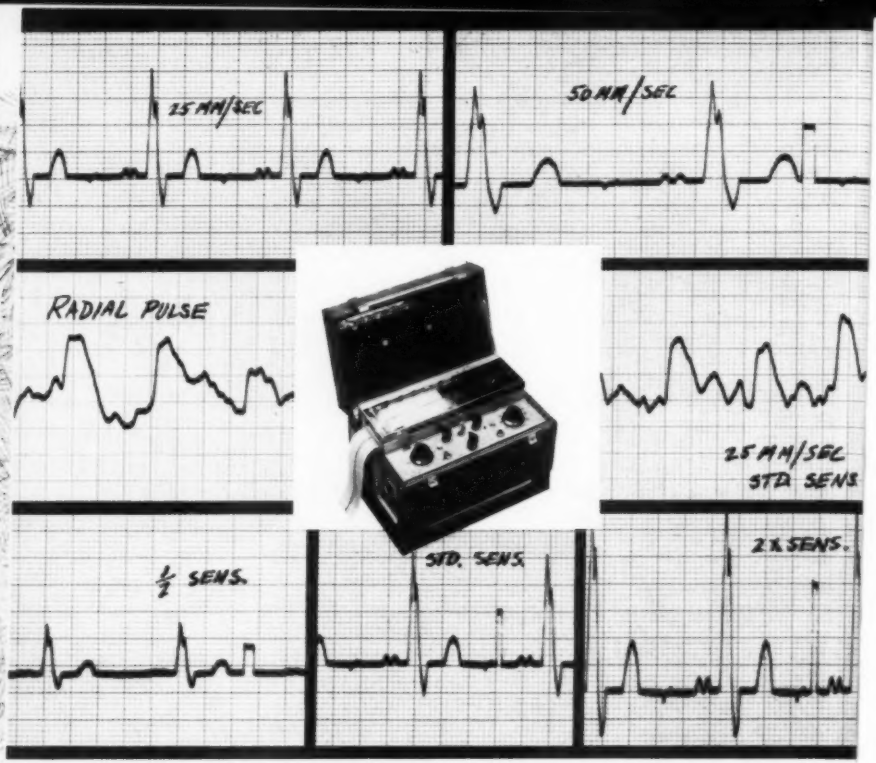
Don't forget that you do have rights as well as obligations. If you're lucky, you won't need these suggestions. But you'll do well to store them away in your memory—just in case

What to Do When You Get a Rubber Check ***141***

If it isn't made good, you can sue for your money, of course. But if you make the mistake of threatening the check passer, you could find yourself in trouble

More▶

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contents

What Preferred Stocks Offer You ***149***

In an uncertain market like this year's, it's often smart to put some capital into issues that get a prior share of profits

This Life Insurance Tip May Mean a Windfall ***171***

Is a policy you've stopped paying on worthless? Far from it. Here's a rundown on what happens to a 'lapsed' contract

The Kind Doctor Gets Paid in Kind ***183***

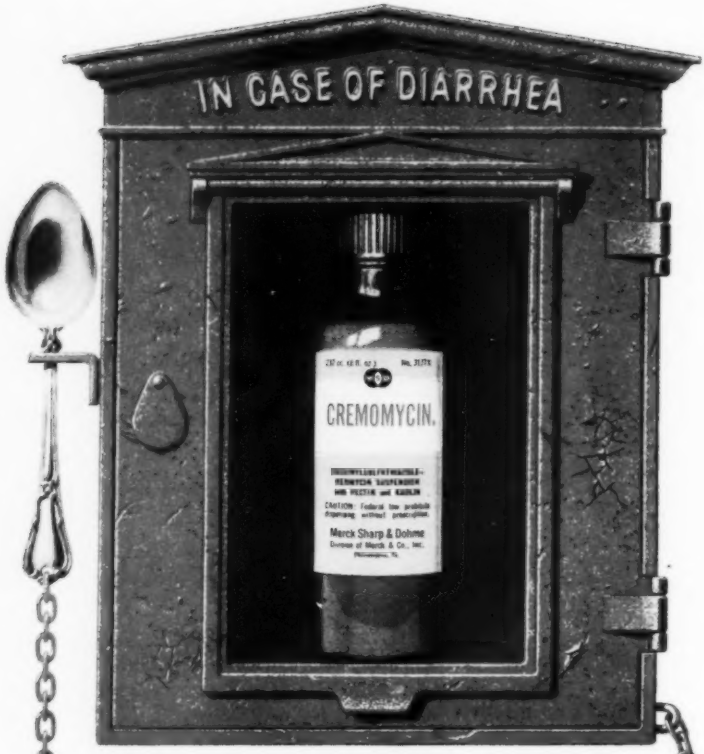
Aesop didn't write this fable for physicians. But we think he would have if he'd thought of it!

BOOK FEATURE

What's Happened to American Capitalism ***191***

The American economic system isn't really capitalism any more. It still 'uses the capitalistic devices of private property, financial incentives, and the free market.' But to these have been added 'heavy infusions of governmental regulation and control of the distribution of wealth through taxation.' Thus David M. Potter describes the modern American mixture of free enterprise and government control. How did we get so far from traditional capitalism? How much further will we go? These questions—important for all Americans—may well be crucial for the private physician. Mr. Potter provides dispassionate answers in this selection from a chapter of the new anthology, 'An Outline of Man's Knowledge of the Modern World,' edited by Lyman Bryson ***More***▶

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contents

DEPARTMENTS

News Briefs 1

Letters 19

News 29

Consider Taxi Fares When Setting House-Call Fees . . 29

'Let Patient Write His Own Medical History' 29

Lax Collection Agency Can Be Sued for Negligence . . 32

Plaintiff's Lawyer May Lose Even if Client Wins 32

Family Incomes Are Still Outstripping Inflation 40

Stop Waiting for a Compact Cadillac! 40

Too Hot on the Sunny Side of Your Office? 45

'Let Medical Societies Run All Free Clinics' 46

Margin Account Investors Lose Tax Break on Loans . . 50

G.P.s to Serve on Children's Hospital Staff 52

Made Out Your Will Yet? Two of Five Haven't 56

Nurses Set Fee Schedule for Medical Services 57

Taxpayers 'Equal' Until Income Tops $15,000 57

Why M.D.s Have a Tough Time Explaining Fees 60

Court Sets Pay for Semiretired Doctor 62

When Not to Sign a Record 62

Memo From the Publisher 284

SHORT FEATURES

Anecdotes 90, 118, 144, 166, 184, 262, 276

Cartoons 70, 92, 95, 106, 136, 162, 268

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1. Goldwasser, E.; Jacobson, L. O.; Fried, W., and Plzak, L. F.: Blood *13*:55 (Jan.) 1958. 2. Murdock, H. R. Jr.: Am. Pharm. Assoc. (Sci. Ed.) *49*:149, 1959. 3. Goldwasser, E.; Jacobson, L. O.; Fried, W., and Plzak, L.: Science *125*:1085 (May 31) 1957. 4. Center, W. M.: Clin. Med. *7*:713 (April) 1960. 5. Holly, R. G.: Obst. & Gynec. *9*:299 (Mar.) 1957. 6. Ausman, D. C.: Journal-Lancet *76*:290 (Oct.) 1956. 7. Flynn, R. T.: Therapy with Cobalt and Iron for Correction of Anemia in Pregnancy, Presented at Michigan and Wayne Co. Acad. GP. Postgrad. Clinic, Detroit, Mich., Nov. 11-12, 1959. 8. Tevetoglu, F., and Ozkaragoz, K.: M. Times *86*:81 (Jan.) 1958. 9. Craig, P. E.: Clin. Med. *6*:507 (April) 1959. 10. Hill, J. M.; LaJous, J., and Sebastian, F. J.: Cobalt Therapy in Anemia, Texas J. Med. *51*:686 (Oct.) 1955. 11. Tevetoglu, F.: J. Pediat. *49*:46 (July) 1956.

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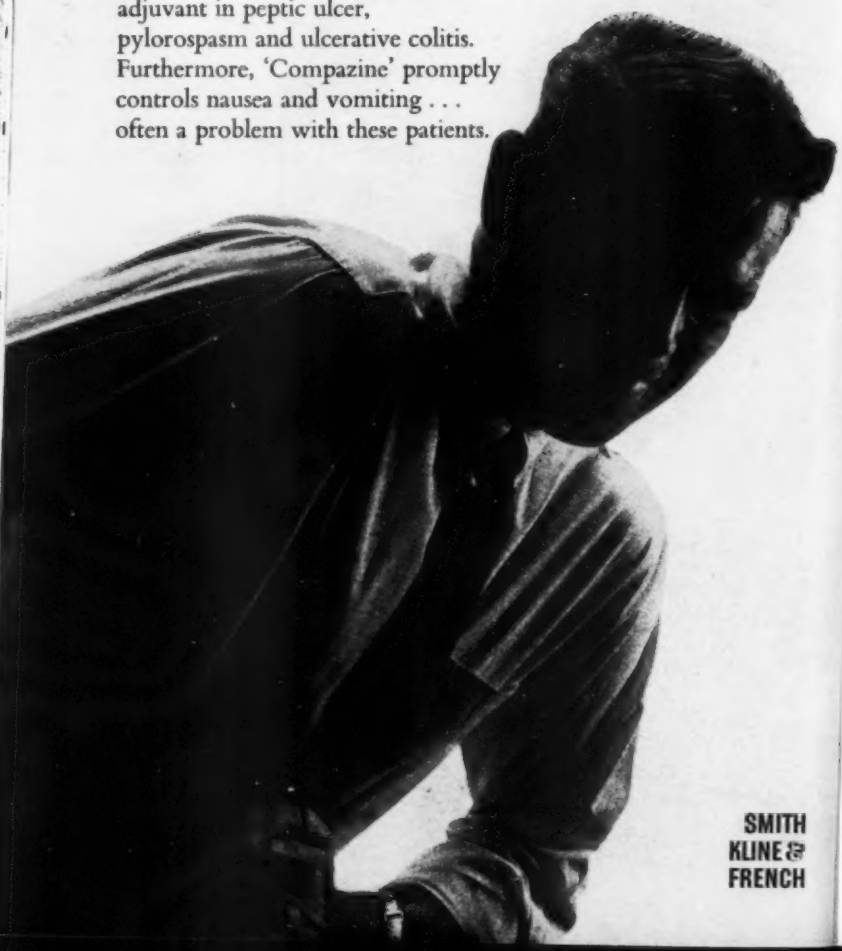
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adjuvant in peptic ulcer,
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Furthermore, 'Compazine' promptly
controls nausea and vomiting . . .
often a problem with these patients.



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Letters

Vacation Notice

SIRS: Last summer, when I went on an extended vacation, I tried something that may be of interest to other doctors. Instead of sending a formal vacation notice to my patients, I enclosed a printed note with my bills. It read like this:

"You may have heard I am going away—I am. I've been invited to participate in a safari leaving for Nairobi (wherever that is), and the opportunity is too great to refuse; leaving July 25—back around the middle of September.

"Dr. Miller, Dr. Vosburgh, or any other doctor of your choice will be glad to take care of any problems for which you may need them. Mrs. McIntyre will be in the office each Friday from 10 A.M. to noon and from 2:30 to 4:30 P.M. to make available any information you may need from my files and, I hope, to collect accounts. Early payments will be appreciated. I'll surely need them.

"Hope this 'Welborn's folly' won't inconvenience you, and I wish you a very pleasant summer."

When I got back, I found that I'd retained most of my old patients and even picked up a good many new ones. I think the informality of the notice was the key to its success.

J. W. Welborn Jr., M.D.
Landrum, S.C.

'Re-examine the Diplomates!'

SIRS: Congratulations on your frank discussion of the "tangled web of specialism." It's high time the situation was exposed.

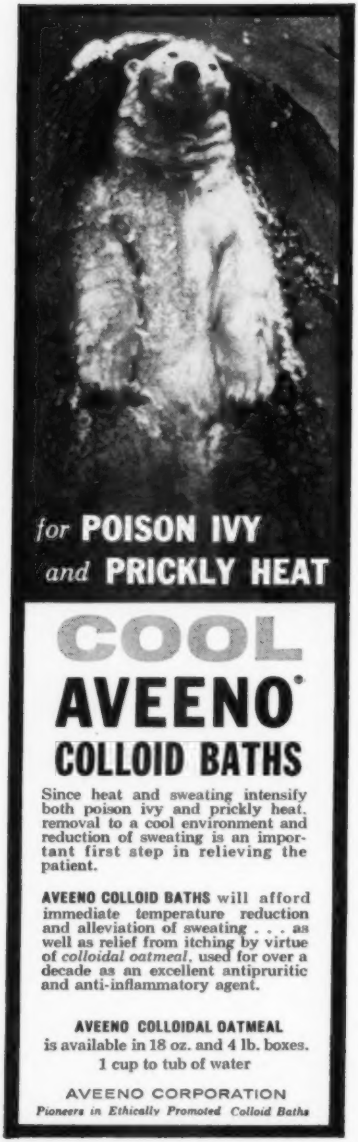
Why doesn't the American Board of Surgery embark on a program of post-graduate education of its diplomates in order to keep them abreast of medical and surgical advances? Wouldn't re-examinations of diplomates every five to seven years be advisable? And wouldn't it be democratic to include charter members, board members, and examiners in the exams, too?

Since the specialty boards exert tremendous influence on the practice of medicine—especially in hospitals—public interest and public health seem very much at stake.

M.D., California

Credit Pitfall

SIRS: The growing use of credit agencies by doctors points up a possible pitfall in their use. Of



Letters

course, you wouldn't reveal your credit information on Mrs. Jones to Mrs. Smith. But there's a danger even in letting Mrs. Jones know you have it.

First, if Mrs. Jones knows you've checked her credit rating, you may be in for some bad public relations. More important, it's possible she may sue the credit agency for libel —in which case you may be haled into court as a witness.

Better not let Mrs. Jones know you have a confidential credit report on her. And above all, don't make the common mistakes of leaving it open on your desk or reading from it. If you want to restrict her credit, you don't have to give any reasons.

Allan J. Parker, LL.M.
New York, N.Y.

Is the Race Doomed?

SIRS: In the book feature "Is Mediocrity the American Way?" Author Thomas Griffith sees America bowing too low to the "average" American. He sees our culture, business, government, even science, being weakened as a result. But he offers no solutions, because there are none.

It seems to me the trouble is that man as an animal is deficient in

Continued on page 24

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full steroid potential
activated in difficult dermatoses



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brings reassurance



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IN BRIEF

VISTARIL, as part of a preoperative regimen, can effectively relax your patients by allaying fear and apprehension. VISTARIL may also, because of a possible potentiating effect, permit a reduction in the amount of narcotics required for satisfactory analgesia. Postoperatively, VISTARIL quiets anxiety and controls emesis.

INDICATIONS: VISTARIL is a rapid-acting tranquilizer with a wide margin of safety. It is effective in the symptomatic treatment of a variety of neuroses and other emotional disturbances manifested by anxiety, apprehension or fear—whether occurring alone or complicating a physical illness.

ADMINISTRATION & DOSAGE: VISTARIL dosage varies with individual requirements and ranges from 25 mg. t.i.d. to 100 mg. q.i.d. for adults. The usual dosage for children *under* 6 years is 50 mg. daily in divided doses; children *over* 6 years — 50 to 100 mg. in divided doses. For parenteral dosage information consult package insert.

SIDE EFFECTS: Drowsiness may occur in some patients; if so, it is usually transitory, disappearing within a few days of continued therapy or upon reduction of dosage. Dryness of mouth may be encountered at higher doses.

PRECAUTIONS: The potentiating action of hydroxyzine is mild, but must be taken into consideration when the drug is used in conjunction with central nervous system depressants.

SUPPLY: *Capsules* — 25, 50, and 100 mg. *Oral Suspension* — 25 mg. per 5 cc. teaspoonful. *Parenteral Solution* (as the HCl) — 10 cc. vials and 2 cc. Sterajecr® Cartridges, 25 mg. per cc.; 2 cc. ampules, 50 mg. per cc.

Detailed professional information is available on request from Pfizer Laboratories Medical Department.

Letters

real moral content. Just as the dinosaur became extinct, so will we. We're obsolete already, but we'll be around for a few million years —until something better evolves to take our place.

Irving M. Levitas, M.D.
Westwood, N.J.

Certified G.P.s?

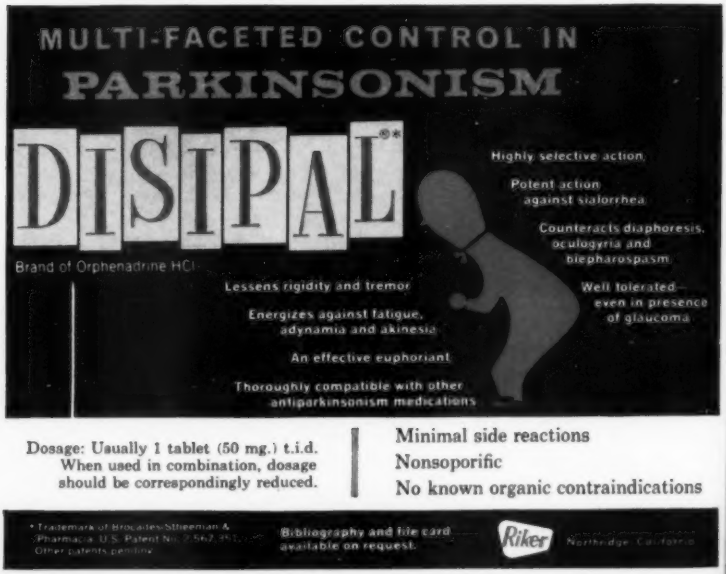
SIRS: I couldn't disagree more with John R. Lindsey's recent article that says a certifying board for G.P.s is sure to come.

Mr. Lindsey says pressure for such a board is increasing and opposition weakening. I think just the opposite is true. Nearly everyone I've talked with since the American Academy of General Practice voted against the board feels that we'll never have a certifying agency for G.P.s.

If we increase the amount of training necessary to become an A.A.G.P. member and raise the quality of post-graduate training necessary to continue membership, that's all that's needed.

Paul S. Read, M.D.
Omaha, Neb.

END



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Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm, and to allay anxiety and tension with minimal side effects.

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Bottle of 50.
Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

MILPATH-200—Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride.
Bottle of 50.
Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Milpath®

©Miltown + *anticholinergic*

WALLACE LABORATORIES *New Brunswick, N.J.*

(Advertisement)

Development of a New Way of Gargling

A new way of gargling has been developed which permits the solution to reach the posterior pharyngeal wall. Bacteriologic studies demonstrate the superiority of this method over ordinary gargling techniques.

Physicians, although many recommend gargling, have generally assumed that no gargle can do much more than bathe the anterior pharynx. Cinematofluoroscopic studies proved this assumption correct.[1]

The pictures obtained show that the back of the throat remains shut during any ordinary gargle, preventing the solution from reaching the posterior pharyngeal wall. The usual reasons for this are

1) the tongue curls against the uvula.
2) a k-k-k sound is made.
3) the head is tilted way back.
4) an insufficient volume of solution is taken into the mouth.

Studying speech techniques with the cinematofluoroscopic technique, it was shown that the back of the throat is opened when certain sounds are made, and when the tongue is thrust forward. This knowledge was used to help develop a new way of gargling which brings the solution in contact with the posterior pharyngeal wall. The cinematofluoroscopic picture establishes the fact that, with the new technique, a relatively large amount of the solution reaches and washes against the posterior pharyngeal wall.

The back of the throat is opened by the following procedures:

1) The head should be almost upright.
2) The tongue is thrust forward.
3) An ah-ah-ah or eh-eh-eh sound should be made.
4) At least ½ oz. solution should be used.

BACTERIOLOGIC EFFECTIVENESS INCREASED

Carefully controlled bacteriologic studies[2] were conducted in an effort to prove that the new technique, when used with an antiseptic solution, would produce a greater reduction in bacteria in the oropharynx than did the traditional way of gargling.

When the antiseptic solution was gargled the new way, a 53% reduction in total bacterial count was found in the oropharynx. A saline solution gargled the new way produced a reduction of 16% which was approximately the same as the reduction effected by the regular way of gargling with an antiseptic. Obviously, with the old way of gargling, the solution does not reach past the uvula and therefore cannot produce the additional therapeutic effects obtained by the new way of gargling.

The acceptance of the new way of gargling was excellent. Superiority is undoubtedly due to the fact that now, for the first time, a therapeutic solution can be put in contact with the posterior pharyngeal wall long enough to produce additional therapeutic benefits.

(1) Lancaster Cleft Palate Clinic, Lancaster, Pennsylvania, Personal Communication.
(2) Goldin, M., Kaplan, M. A., Chicago, Illinois, Personal Communication.

These studies were sponsored by the Warner-Lambert Pharmaceutical Company. Professional gallon size of Listerine is available at $3.00. Send check or money order to Professional Division, Warner-Lambert Pharmaceutical Company, Morris Plains, N. J.

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...For minor cuts and burns, sunburn, hemorrhoids, removing sutures, performing routine office surgery, making instrument examinations. And, to best suit every situation, there's a choice of Ointment, Cream, Lotion, Suppositories.

2/2774MB

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Complete information available on request.



Save yourself a phone call—prescribe Diaparene®

anti-bacterial diaper rinse
baby lotion
baby powder

You can avoid anxious calls from mothers worried about the sudden appearance of diaper rash. Recommend anti-bacterial Diaparene Rinse, Baby Powder, and Baby Lotion *before* diaper rash appears.

Diaparene's anti-bacterial ingredient attacks the major *cause* of diaper rash without irritating baby's skin. It destroys the urea-splitting bacteria that release excoriating ammonia.

For full around-the-clock protection have the mother follow this Diaparene prophylactic regimen . . . *from the start* . . .

First, tell her to use Diaparene-rinsed diapers. She can rinse the diapers with Diaparene Tablets, precrushed for easy home use, or she can get Diaparene-impregnated diapers from a Diaparene franchised diaper service. Even the night diaper stays free of ammonia when it's been Diaparene treated.

Second, tell her to use Diaparene Baby Lotion. This gentle anti-bacterial lotion gives added protection against rash . . . helps keep the baby's skin smooth and soft.

Third, tell her to sprinkle the baby with Diaparene Baby Powder. This anti-bacterial powder gives extra protection against rash formation by attacking ammonia-producing bacteria on the skin. Reduces ammonia odor, too. Its purified cornstarch base absorbs more moisture than talc does . . . helps prevent chafing and prickly heat.

And for therapy . . . When you do see a baby who has not been protected and does have a rash, prescribe water-miscible, anti-bacterial, Diaparene Ointment to clear up the rash. At the same time, recommend that the mother start the prophylactic regimen.

HOMEMAKERS PRODUCTS DIVISION · GEORGE A. BREON & CO., NEW YORK 18, N.Y.

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News

'Consider Taxi Fares When Setting House-Call Fees'

How much difference should there be between a doctor's house-call fee and his office-visit fee? At least twice what it would cost a typical patient to get to and from the doctor's office by taxi, says Joseph F. McElligott, a New York City tax and medical management consultant. Here's how he explains:

"Suppose you have a $5 office-visit fee. Suppose the typical patient pays 75 cents each way for taxi fare to your office. Then the total cost to him is $6.50.

"Now, if you charge only $7 for a house call, you're encouraging the typical patient to ask for house calls. The extra cost to him is only 50 cents. For that small difference, he'd much rather have you come to him."

If you'd rather have him come to you, McElligott suggests, set your fee high enough to make the patient prefer to take a taxi.

'Let Patient Write His Own Medical History'

Many doctors have found time to see more patients by having their patients' histories taken by nurses. Now a study by the University of Michigan Survey Research Center suggests that:

¶ Trained laymen can take even better histories than nurses;

¶ Questionnaires that patients fill out themselves generally make as good histories as those taken by *any* kind of interviewer.

The university researchers first tested to see which of three groups —nurses in and out of uniform, and trained laymen—can get patients to talk most freely about their symptoms. Surprisingly, the study showed, uniformed nurses uncover the fewest symptoms. Nurses out of uniform do better; trained laymen do best of all.

What's more, according to the study, it takes less time to train laymen to take these histories than it does to so train nurses. Why? Because the nurses at first feel "under pressure to interpret the responses, to look for the medical significance." But the laymen are content to get the most complete report possible, "without concern as to whether the report [is] medically significant or correct."

In effect, then, the study indi-

Continued on page 32

"In spite of the enormous growth of the pharmaceutical industry and the tremendous investment that drug manufacturers put into research, the chances of their developing really new drugs that act along new principles . . . remain very small indeed. As a result only a very small fraction of the new preparations that are marketed each year represent such truly new drugs."

New England J. Med., Dec. 3, 1959, p. 1190.

Maltbie Laboratories is proud to announce such a truly new chemical entity: 1-m-aminophenyl-2-pyridone. Its name . . .

Dornwal

for treatment of anxiety and tension without causing drowsiness

therapeutically outstanding: effectively interrupts tension headache / relieves acute emotional upsets / does not produce depression or depersonalization / is well suited to ambulatory patients / is virtually devoid of hypnotic or sedative activity / patients remain alert without undue stimulation /

MALTBIE LABORATORIES DIVISION Wallace & Tiernan Incorporated Belleville 9, New Jersey

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a tranquilizer with minimal side effects:
Look at the dramatically low incidence in an unselected group of 593 patients . . .

Symptoms	Patients	Symptoms	Patients
Drowsiness	9	Tinnitus	1
Sedation	2	Stimulation	3
Nausea	7	Insomnia	1
Pruritus	2	Dry mouth	8
Blurring vision	4	Exanthema	2
		Tremor	3

Dornwal

DROWSINESS WAS MINIMAL

(only 9 out of 593 patients: less than 2% . . . statistically not significant)

Prescribe Dornwal for your next patients who need a tranquilizer but cannot afford to be drowsy. Write for your trial supply.

Dornwal

Indications: anxiety and tension, various types of psychoneuroses, tension headache, menopausal syndrome, alcoholism, premenstrual tension, behavior problems in children.

Dosage: One or two 200 mg. tablets three times a day. Children, one or two 100 mg. tablets two times a day. Administration limited to three months duration.

Supply: 200 mg. yellow scored tablets, and 100 mg. pink tablets, each in bottles of 100 and 500.

No absolute contraindications to the use of Dornwal are known. There have been no reports or evidence of habituation, addiction or drug tolerance in animal or clinical studies. Dornwal has proved to be relatively free from untoward effects when administered at recommended dosage.

References: 1. Landis, C.; Whittier, J. R.; Dillon, D., and Link, R.: Clinical findings and psychophysiological tests of the effects of a new psychopharmacologic agent: Dornwal, Am. J. Psychiat. 116:747 (Feb.) 1960. 2. Litchfield, H. R.: Aminophenylpyridone, a new mood-stabilizing drug, Arch. Pediat., in press. 3. Cass, L. J.; Frederik, W. S., and Teodoro, J.: Evaluation of Calmative Agents: Revision of methods, Am. Pract. & Digest Treat., in press. 4. Nodine, J. H.; Bodi, T.; Levy, H. A.; Siegler, P. E., and Moyer, J. H.: The use of amphenidone as an ataractic agent in outpatients, American Federation for Clinical Research, New Orleans, Jan., 1960. 9. Cantelmo, A. L.: Clinical evaluation of aminophenylpyridone as a new drug for stabilizing emotional behavior, Current Therap. Res. 2:72 (Feb.) 1960.

PDL-02

cated that doctors can safely let histories be taken by trained lay interviewers. But can doctors put equal confidence in questionnaires that patients fill out themselves? Yes, reported the researchers after further study: Patients give their histories as fully on questionnaires as they do to interviewers. There are only two exceptions:

1. Childhood diseases—since patients have trouble remembering them;

2. Detailed descriptions of symptoms and their suspected origins—since the questionnaires require straight yes-or-no answers.

Both of these areas can best be investigated directly by the interviewer or by the doctor himself, concludes the study.

Dawdling Collection Agency Can Be Sued for Negligence

If a collection agency doesn't try hard enough to collect an account, what can a physician-client do about it? Well, one thing he can do is sue the agency for negligence. He can collect from the agency the amount it should have collected.

That's the lesson to be derived from a recent California Appellate Court decision. In the case in point, a hotel owner gave a management consultant a $3,500 check for services rendered. It bounced. So the consultant turned his claim over to a collection agency.

That was in September, 1950. Five years later, the account was still uncollected; the once wealthy hotelman (who'd had funds in several banks) was broke; and the claim had been outlawed by the statute of limitations.

So the management consultant sued the collection agency, charging it had failed to exercise "reasonable skill and diligence." The court found that the agency should have collected and that the agency's offer to return the claim after things seemed hopeless didn't get it off the hook. The plaintiff was awarded the full $3,500—plus 7 per cent interest.

Now the Appellate Court has upheld that decision. But in doing so, it reduced the judgment by the amount of the 35 per cent fee the collection agency would have received for collecting. Total award upheld, including interest: $3,520.

Plaintiff's Lawyer May Lose Even if Client Wins Case

Win or lose, a doctor knows that any malpractice trial in which he's the defendant can be costly in both time and expenses. What he probably doesn't know is that such a trial can be costly for the plaintiff's lawyer as well—win or lose.

Continued on page 37

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N. H., 71-year-old female
with dermatitis venenata,
secondarily impetiginized.
Vesicular, crusted eruption
of 6 weeks' duration.

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cleared in 8 days with terra-cortril ointment

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for prompt remission in many skin disorders

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brand of oxytetracycline and hydrocortisone

TOPICAL OINTMENT

demonstrably anti-allergic,
anti-inflammatory, anti-infective[1-3]

Contains 3% oxytetracycline hydrochloride
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Also available:
TERRA-CORTRIL EYE/EAR SUSPENSION
for anti-inflammatory, anti-infective action
in ophthalmic and otic disorders.

1. Lubowe: I. I.: Am. Pract. & Digest Treat. 7:962, 1956.
2. Niedelman, M. L.: Ibid. 8:1753, 1957.
3. Cornbleet, T., et al.: J. Invest. Dermat. 27:61, 1956.

Case report in files of Pfizer Laboratories Medical Department

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keep the rheumatic in motion... prescribe Delenar

You now have complete therapy for rheumatic disorders—Delenar resolves musculoskeletal inflammation rapidly with the newest steroid . . . relaxes the spasm with a proved muscle relaxant . . . relieves the pain with a buffered analgesic.

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PROVIDES COMPLETE COMFORT

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Therapeutic Action	*Formula*	
LOWEST DOSAGE STEROID FOR EFFECTIVE ANTI-INFLAMMATORY ACTION	Dexamethasone*	0.15 mg.
PROVED MUSCLE RELAXANT TO HELP RESTORE MOTION	Orphenadrine HCl	15 mg.
FAST ANALGESIC RELIEF OF MOTION-STOPPING PAIN	Aluminum Aspirin	375 mg.

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There's hardly a reason *not* to prescribe Doriden® for every patient who needs a good night's sleep.
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DORIDEN® (glutethimide CIBA)

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Why you can prescribe DORIDEN® for nearly all insomnia patients

Because it acts smoothly, because it is metabolized rapidly, because it apparently has no toxic effect on the liver or kidney, Doriden is indicated in many cases where barbiturates are unsuitable. With Doriden, for example, you can prescribe a good night's sleep for patients sensitive to barbiturates, elderly patients, patients with low vital capacity and poor respiratory reserve, and those unable to take barbiturates because of renal or hepatic disease. And Doriden patients awake refreshed—except in rare cases, there's no morning "hangover." *Complete information available on request.*

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News

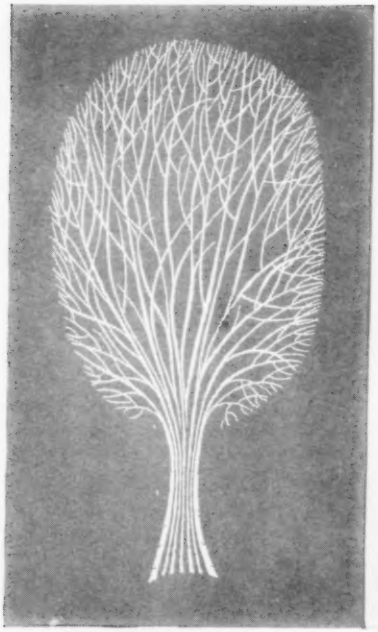
To show why, Attorney Philip J. Hermann of Cleveland takes a hypothetical malpractice case and applies to it some of the real expenses that plaintiffs' lawyers incur.

Suppose that, before this imaginary suit is filed, the doctor's insurance carrier offers to settle the claim for $1,000. And suppose the plaintiff's lawyer accepts. After deducting $90 for overhead and incidental expenses, the lawyer can hope to clear about $260. That's not much. But considering that he has spent only six and a quarter hours on the case, the lawyer has cleared about $42 an hour.

On the other hand, if the plaintiff's lawyer goes ahead and files suit, he'll have to spend more for overhead and witness fees. To clear the same $260 he could have cleared previously, he'll need a $2,000 offer at the time the case comes to trial. And if the case isn't settled then, he'll need a $3,000 verdict from the jury to clear the same $260.

By the time he wins this verdict, the lawyer will have worked about ten times as long as he would have if his client had settled before the trial began. At that time, remember, his return would have been $42 an hour. After the verdict, it will come to just $4 an hour.

Continued on page 40





no matter what the season

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FULL OR GREATER *IN VIVO* ACTIVITY—effective control in a wide range of infections

SUSTAINED ACTIVITY LEVELS—greater stability in body fluids, prolonged retention, resistance to

Capsules, DECLOMYCIN *Demethylchlortetracycline 150 mg., bottles of 16 and 100. Dosage: average adult, 1 capsule four times daily.*

Pediatric Drops, DECLOMYCIN *Demethylchlortetracycline 60 mg./cc. (custard flavor) in 10 cc. bottle with calibrated dropper. Dosage: 1-2 drops (3-6 mg.) per pound body weight per day—divided into 4 doses.*

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degradation . . . continued effect on interruption of dosage

"EXTRA-DAY" ACTIVITY—protects against relapse or secondary bacterial attack after stopping dosage

New Syrup, Cherry-Flavored, DECLOMYCIN *Demethylchlortetracycline 75 mg./5 cc. teaspoonful in 2 oz. bottle. Dosage: 3-6 mg./lb./day—divided into 4 doses.*

Precautions: *The use of antibiotics occasionally may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential.*

a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y. Lederle

News

And these figures assume that the plaintiff's lawyer wins, Attorney Hermann points out. Considering how many times the doctor wins instead, it's obvious why *"even for the plaintiff's attorney . . . litigation does not pay."*

Family Incomes Are Still Outstripping Inflation

Ever since World War II, inflation has loomed large in the pessimist's view of our economic scene. Put into words, the view looks like this: "Inflation is eating away family purchasing power. It's chipping away at savings. We may sink under the burden of more and more installment buying."

Inflation looms large, all right. But except to the pessimist, family incomes loom even larger. In fact, according to one recent interpretation, the American family "never had it so good."

In the last dozen years, explains the magazine U.S. News & World Report, the average family's income has grown from $4,130 to $6,520. Even allowing for the fact that taxes and living costs have gone up, this $2,390 gain represents a 23 per cent boost in buying power.

This makes it clearer why more people every year are moving into the two-car bracket. Once, says U.S. News, summer cottages, boats, and trips abroad were "luxuries . . . reserved for the very wealthy." Now they're "becoming commonplace" because so many family incomes are edging up.

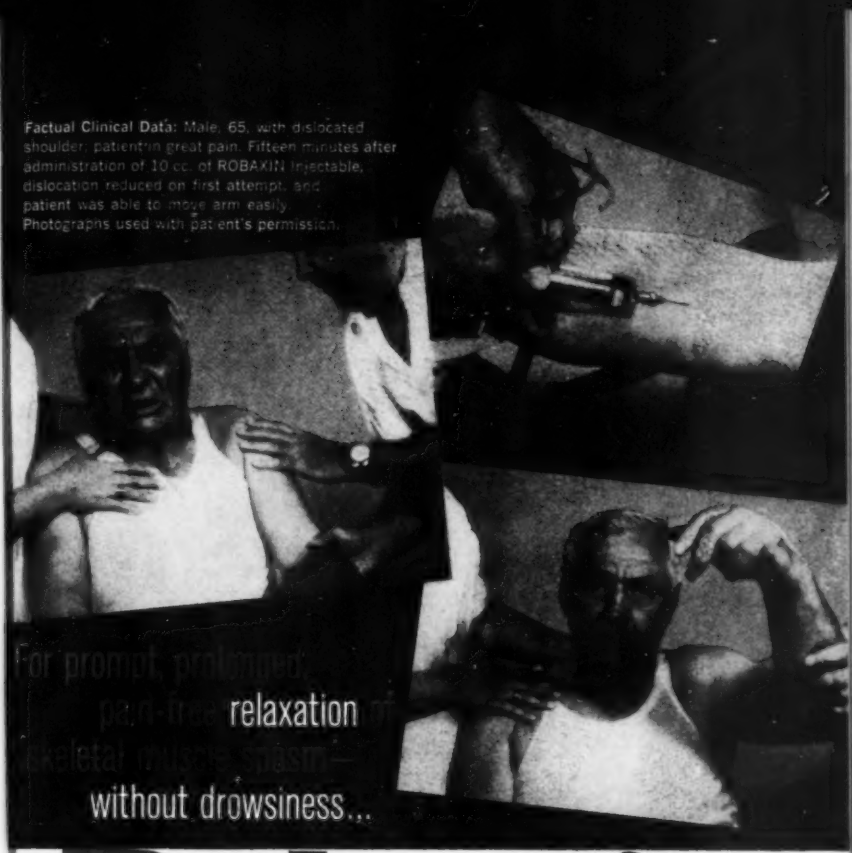
How far will they edge up during 1960? Average family income is expected to rise $220 more this year, the magazine reports. This means that people will have more spending money than ever. But they'll still continue to save about 7 cents out of every dollar they get, U.S. News concludes.

Stop Waiting for a Compact Cadillac!

The skyrocketing sales of the new compact cars have cut into the sales of most medium-priced and high-priced autos. But the doctor who has his sights set on a full-length Cadillac needn't fear that Detroit will stop making them. General Motors has made more Cadillacs so far this year than it did during the same period in 1959. In fact, production of Cadillacs for the first five months of the year climbed to 74,757. In the same period last year, General Motors turned out 234 fewer.

On the other hand, Detroit's other luxury cars, Lincoln and Imperial, have taken sharp dips from 1959 figures. Production of the

Continued on page 45



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ROBAXIN Injectable: for relaxation of painful spasm within minutes.

ROBAXIN Tablets: for initial relief, or to maintain relaxation originally induced by ROBAXIN Injectable. Virtually free from adverse side effects, including drowsiness.

Ten published studies show ROBAXIN Injectable and ROBAXIN Tablets beneficial in 91% of cases.[1-10] Literature available to physicians on request.

SUPPLY: ROBAXIN Tablets, 0.5 Gm. (white, scored) in bottles of 50 and 500.

ROBAXIN Injectable, each ampul containing 1.0 Gm. of methocarbamol in 10 cc. of sterile solution.

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Making today's medicines with integrity . . . testing tomorrow's with persistence

REFERENCES: 1. Carpenter, E. B.: Southern M. J. 51:837, 1958. 2. Forsyth, H. F.: J.A.M.A. 167:163, 1958. 3. Grisolia, A., and Thomson, J. E. M.: Clin. Orthopaedics 13:298, 1959. 4. Hodgins, A. P.: Clin. Med. 6:2321, 1959. 5. Lewis, W. B.: California Med. 90:26, 1959. 6. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 7. Park, H. W.: J.A.M.A. 167:168, 1958. 8. Plumb, C. S.: Journal-Lancet 78:531, 1958. 9. Pappas, J. L., and Flanagan, M. E.: J.A.M.A. 171:290, 1959. 10. Schaubel, H. J.: Orthopedics 1:276, 1958.



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gentle relaxant-sedative

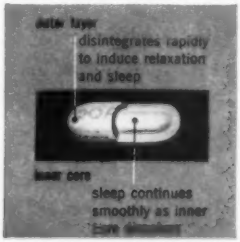
WITH TIMED-RELEASE ACTION
FOR A FULL NIGHT'S SLEEP

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TIMED-RELEASE TABLET

Might as well try to put a tiger to bed (and keep him there) as to get most patients to sleep naturally all night. For disturbed, interrupted sleep is the most common sleep problem in routine practice. NEBRALIN—a timed-release tablet—encourages muscular relaxation and sustained, relaxed sleep. The combination of mephenesin and Dorsital* in NEBRALIN not only relaxes skeletal muscles, overcomes "fatigue-tension" and conditions the body for sleep, but also induces sound, relaxed sleep by gentle CNS sedation. Mephenesin is capable of producing sleep,[1] and when combined with a barbiturate enhances barbiturate action.[2,3] Moreover, the integrated action of the two components permits smaller dosage of each.[4] Thus, NEBRALIN—a gentle relaxant-sedative—avoids morning hangover, ***and carries your patients through the middle of the night, especially those patients who complain about waking up at 2 A.M.***

1. Schlesinger, E. B.: Tr. New York Acad. Sc. 2:6 (Nov.) 1948. **2.** Richards, R. K., and Taylor, J. D.: Anesthesiology 17:414, 1956. **3.** Shideman, F. E.: Postgrad. Med. 24:207, 1958. **4.** Berger, F.: Pharmacol. Rev. 1:243, 1949.



Each Nebralin timed-release tablet contains: Dorsital*, 90 mg.; Mephenesin, 425 mg. **Dosage:** One or two tablets ½ hour before retiring. **Supplied:** Bottles of 50 Nebralin timed-release Tablets.

*Dorsey brand of pentobarbital

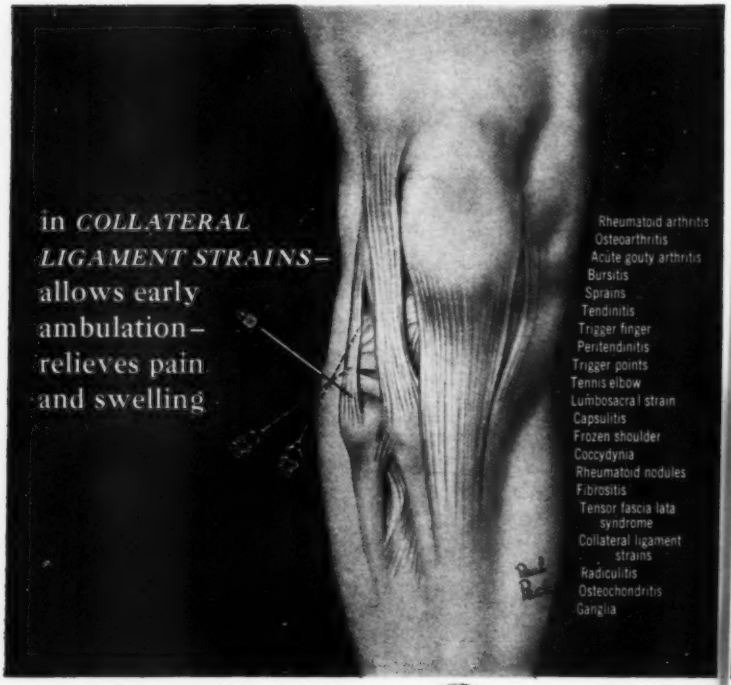
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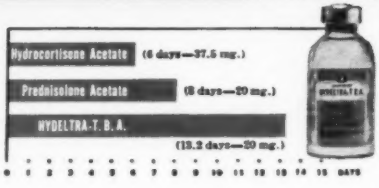
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for relief that lasts – longer



Duration of relief exceeds that provided by any other steroid ester



Dosage: the usual intra-articular, intra-bursal or soft tissue dose ranges from 20 to 30 mg. depending on location and extent of pathology.

Supplied: Suspension 'HYDELTRA'-T.B.A.—20 mg./cc. of prednisolone *tertiary*-butylacetate, in 5-cc. vials.

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Lincoln for the first five months fell to 10,032 this year—down 4,150. Imperial's production for the first five months declined to 7,526—down 2,428. Presumably, if these trends persist, Detroit dopesters will soon be talking about a compact Lincoln and a compact Imperial. But no compact Cadillac.

Temperature Too High on the Sunny Side of Your Office?

Doctors sometimes complain that medical office buildings—even new ones—fail to provide uniform indoor weather. Especially in the summer, they say, temperatures may be too high in glass-walled reception rooms, too low in air-conditioned inner rooms.

To help lick this problem, one manufacturer (through construction equipment dealers) is now offering a novel window-shading device. It's a miniature Venetian blind made of tiny horizontal bronze louvers supported by thin bronze wires. Its purpose: to reflect solar radiation and thus to prevent temperatures that cause overloading of the air-conditioning unit.

How effective is the device? In



The man who buys carefully, who looks at every detail, usually owns the finest. When you examine the new Birtcher 300-R, you will discover the accuracy and quality which mark this as the Electrocardiograph for the Physician who won't settle for less than the finest.

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one Atlanta, Ga., office building where it was recently installed, employes on the sunny side report summer temperatures 15 degrees cooler than before the bronze blinds were put on.

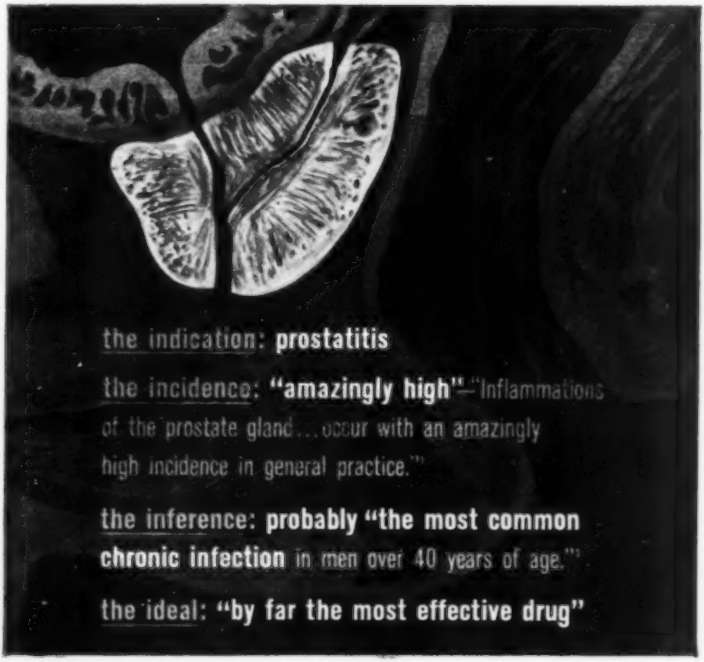
'Let Medical Societies Run All Free Clinics'

Almost every doctor has donated services to a free clinic sponsored by his state department of health. He has thus "spent most of the afternoon examining and jabbing needles into his own private patients, who have gleefully taken advantage of the opportunity. [But] those destitute ones he had hoped to benefit failed to appear."

So says Dr. W. F. Delp, a Pulaski, Va., G.P. He accuses his own state's department of health of being actively engaged in the clinical practice of medicine. "The basic philosophy of this agency is socialistic," he contends. "Its impacts are at times so gentle and



AGGRESSIVE *public-sponsored clinics such as this one administering polio vaccine on a Philadelphia street corner would be a thing of the past if Dr. W. F. Delp had his way. Although the pictured clinic had the blessings of the Philadelphia County Medical Society, the Pulaski, Va., G.P. doesn't think this is enough. He wants all clinics to be conducted by local medical societies, with free treatment limited to indigent patients.*



the indication: **prostatitis**

the incidence: **"amazingly high"**—"Inflammations of the prostate gland... occur with an amazingly high incidence in general practice."

the inference: **probably "the most common chronic infection** in men over 40 years of age."

the ideal: **"by far the most effective drug"**

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"... by far the most effective drug to be employed, and this has been substantiated in practice. It is a drug of low toxicity and, what is more important, bacteria rarely if ever become resistant to it. It can be employed for long periods of time, is bactericidal and does not favor the appearance of monilial infections."[3]

In acute and chronic prostatitis ■ benign prostatic hypertrophy (to prevent or treat concomitant infection) ■ postoperatively in prostatic surgery

Supplied: Tablets, 50 and 100 mg., Oral Suspension, 25 mg. per 5 cc. tsp.

References: 1. Campbell, M. F.: Principles of Urology, Philadelphia, W. B. Saunders Co., 1957.
2. Farman, F., and McDonald, D. F.: Brit. J. Urol. **31**:176, 1959.
3. Sanjurjo, L. A.: Med. Clin. N. America **43**:1601, 1959.

EATON LABORATORIES, NORWICH, NEW YORK

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seem so innocuous that we are scarcely aware of them until they have snowballed into trends of dangerous proportions."

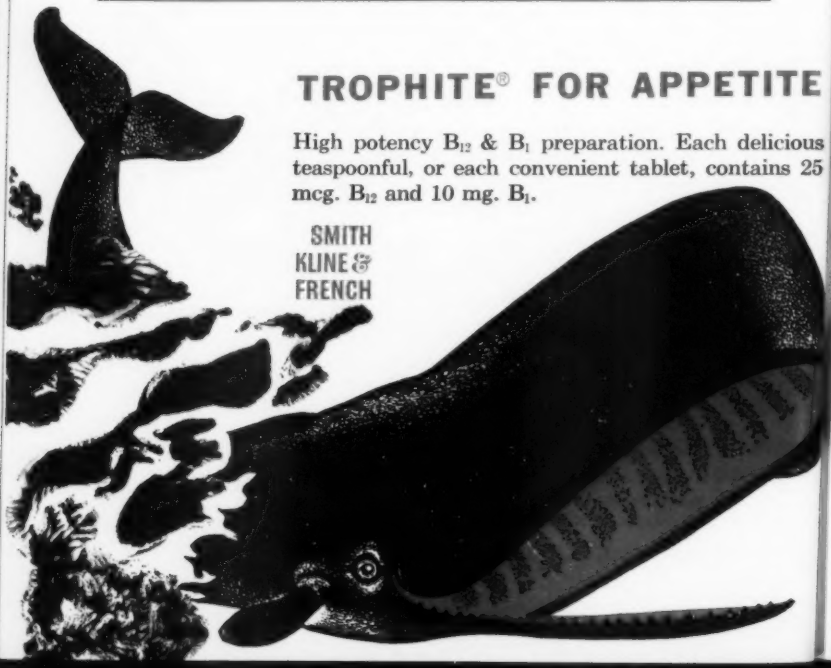
For example, certain diseases have "been taken away one after another . . . Tuberculosis and venereal disease have become a monopoly of the health department."

In Dr. Delp's opinion, the only solution "is a return of the patient to the private physician for any and all treatment." This means that doctors everywhere must be "prepared to accept . . . charity patients on an equal status with our 'bread and butter' ones."

Would doctors do so? The Virginia G.P. thinks they'd be inclined to under this plan:

Private physicians could run the free clinics on a rotation basis. But these clinics could be attended only by patients who'd been certified as indigent by the local medical society. Other patients would have to pay.

With such a plan, "the neurotics would not be happy," says Dr. Delp. "But we emphatically doubt that anyone actually needing professional attention would ever be denied it. [And] the health depart-





Past tense

For the first time in months, this mom really feels like joining in the family fun. In the past, she had been far too tense either to devote a casual hour to usual mother-daughter diversions or to answer the host of questions invariably posed by an inquisitive youngster.

She actually enjoys helping to "co-bake" an apple pie, because she "feels good" and is genuinely interested. The reason: Levanil does not isolate or insulate, as many tranquilizers do.

for equanimity **without** somnolence

Levanil

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brand of ectylurea, Upjohn

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ment would [thus] be divorced from the practice of medicine." Meanwhile, the health department would keep on "doing the missionary work necessary in getting [people] to the physicians. Its personnel could still have themselves a ball with their endless statistics —the life blood of any bureaucracy."

Summing up his plan, Dr. Delp points out that his colleagues "have been beefing about the health department for years. But necessary services . . . cannot be abolished; they must be replaced [by] some other source. In this case, [it's] the practicing physician."

Margin Account Investors to Lose Tax Break on Loans

When an investor opens a margin account with a stock broker, he usually agrees to leave his shares with the broker for lending to other investors. Doctors who've signed such agreements may now have reason to regret them. Reason: They may no longer be able to take the $50 dividend exclusion or the 4 per cent dividend tax credit on Federal income tax returns. That's the word just handed down

OCULAR

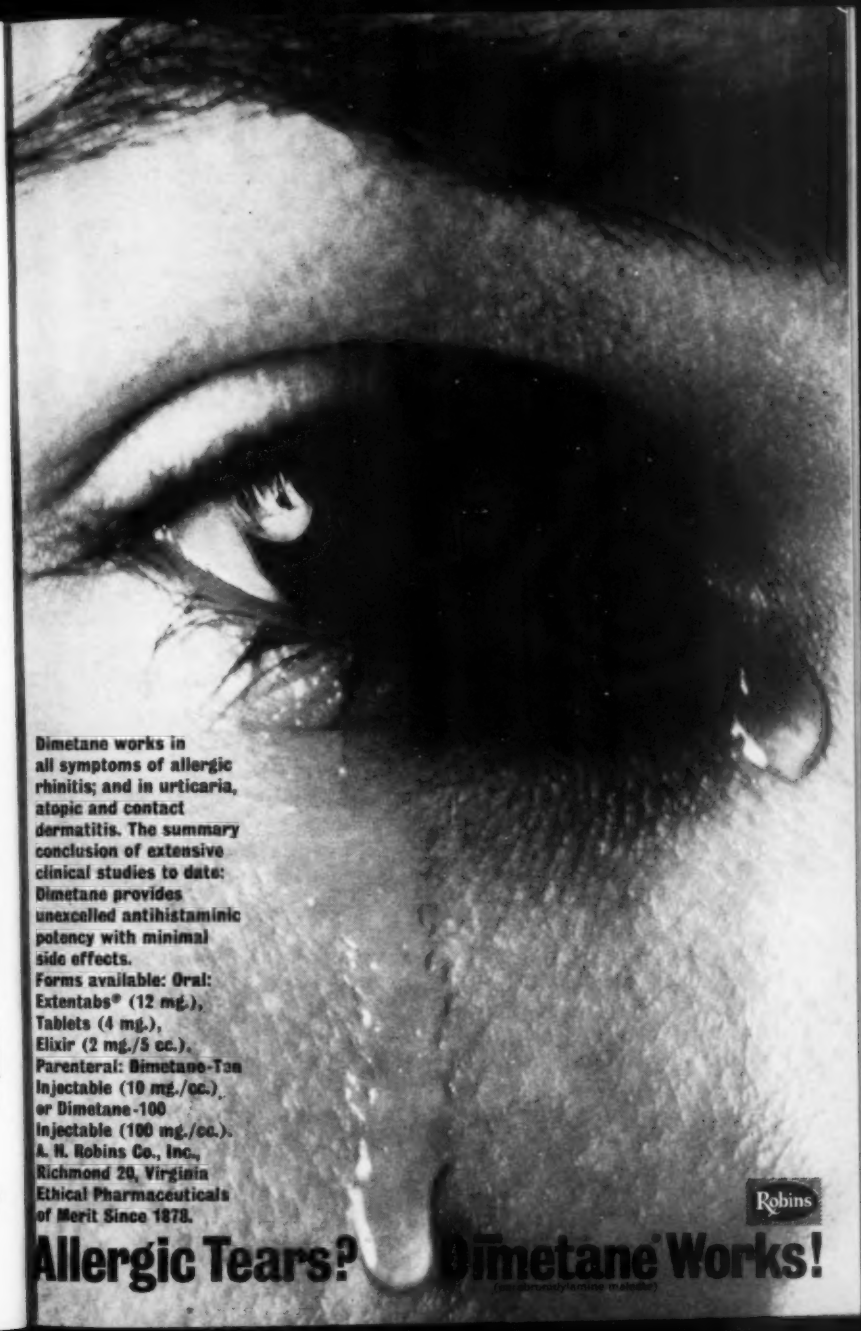
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by the Internal Revenue Service.

When stock left with a broker has been lent out to another investor who wants to sell short,* *two* people have been entitled to any dividend declared. One is the man who bought the borrowed stock from the short-seller. The other is the original owner who lent it out. The latter's account is credited with an amount equal to the dividend—this sum being furnished by the short-seller.

Who gets the tax credit on the dividend? Until now, both the buyer and the lender have been claiming it. But now the Internal Revenue Service says only one person is entitled to the tax break: the investor who bought the borrowed stock from the short-seller. The man who lent the stock must pay full taxes on any money he gets.

G.P.s Win Right to Serve on Children's Hospital Staff

"Pediatrics is nothing more than general practice on children!" That's the position of eleven Kentucky G.P.s who recently won a nine-year fight to gain staff membership at Children's Hospital in Louisville.

For almost ten years, no G.P.s had been given even courtesy privileges at this hospital, although they weren't actually excluded by its by-laws. The G.P.s charged that only pediatricians and other specialists were allowed on the staff. While this was true, the hospital conceded, it wasn't a matter of choice. There just didn't seem to be any "qualified" G.P.s available, it explained.

Quoting the A.M.A.'s 1955 resolution condemning the blanket denial of privileges to qualified G.P.s, the Kentucky doctors appealed to the Joint Commission on Hospital Accreditation. But that group's director, Dr. Kenneth B. Babcock, felt he had no authority to intervene. A similar appeal to the American Academy of Pediatrics also failed. The Academy's then executive secretary, Dr. E. H. Christopherson, held that the A.M.A. ruling simply didn't apply to specialty hospitals such as Children's and that the hospital had the right and responsibility to pick its own staff.

When mediation attempts by the county medical society produced no results, the G.P.s then questioned the status of Children's Hospital. Their spokesman, Dr. Carroll L. Witten, asked: Why are public funds being used to help support a hospital "which operates,

Continued on page 56

*Such an investor borrows stock from a broker and then sells it. He hopes to buy it back later at a lower price, repay the broker, and still have a profit.

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helps shorten convalescence
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Pyridoxine Hydrochloride (B_6)	5 mg.
Nicotinamide	100 mg.
Pantothenic Acid (as Calcium Pantothenate, Racemic)	20 mg.
Vitamin B_{12} (Activity Equivalent)	4 mcg.
Ascorbic Acid (C)	300 mg.
Liver Preparation and Stomach-Tissue Material, Desiccated, Lilly	125 mg.

Usual Dosage: 1 or 2 tablets daily.
Available in bottles of 100 and 1,000 and in 5,000 bulk.

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ALPEN has greater freedom from the G. I. sequelae (overgrowth of resistant flora) sometimes observed with broad spectrum-mycins.

ALPEN gives much higher antibiotic levels within the first hour of ingestion by the well-tolerated oral route.

WHEN TO USE ALPEN Recommended in the treatment of infections caused by pneumococci, streptococci, gonococci, corynebacteria, and penicillin-sensitive staphylococci.

HOW TO USE ALPEN Depending on the severity of the infection, 125 mg. (200,000 units) or 250 mg. (400,000 units) three times daily may be used. In more severe or stubborn infections, a dosage of 500 mg. (800,000 units) t.i.d. may be employed. In beta hemolytic streptococcal infections, treatment should be continued for at least ten days.

PRECAUTIONS The usual precautions in the administration of oral penicillin should be observed. For further details see package literature.

Tablets: 125 mg. and 250 mg., bottles of 25 and 100.
Powder for Oral Solution (lemon-lime flavored), 1.5 Gm. bottle (125 mg. per 5 cc. teaspoonful).

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News

in effect, like a private club for the financial benefit of a [few] physicians?" He suggested Children's should receive no more community aid if it wanted to remain a private hospital. Otherwise, he hinted, the G.P.s might seek a court order to prevent "unfair discrimination" by a "community" agency.

The Joint Commission quickly discouraged such an approach. "After all," observed Dr. Babcock, "no matter what the decision and whoever wins, they may win the war, but they will lose the peace."

Both the G.P.s and Children's Hospital eventually agreed. The G.P.s didn't go to court, and the hospital has appointed eleven of them to its courtesy staff. After a year's probation, they may apply for positions on the active staff.

Made Out Your Will Yet? Two of Five Haven't

Ask a doctor if he has made out his will. If he's like most people, the odds are two out of five that he'll have to answer "No," according to a survey just made public by the publication Trusts and Estates.

The magazine's staff checked 100,000 estates being processed in probate courts in fifty-three counties throughout the United States. It found 60,477 wills, covering 60 per cent of the estates. This is a

sizable increase over the 52 per cent the magazine found in a similar survey a decade ago.

But the percentage varies considerably by region. For example: New Englanders may make the fewest wills. In one Vermont county surveyed, only 27 per cent have them. In a Texas oil county, on the other hand, the figure approaches 90 per cent.

Nurses Set Fee Schedule For Medical Services

Private-duty nurses in Mississippi are asking special fees for medical services—in addition to their regular minimum daily and hourly fees and transportation expenses. The special fee request has been issued through the state's nursing association, along with suggested daily and hourly increases. Sample special fees:

¶ Intramuscular injection . . . $2
¶ Catheterization $5
¶ Intravenous fluid administration . . . . . By the hour

All Taxpayers Are 'Equal' Until Income Tops $15,000

The first-year interne earning $2,500 a year and the doctor earning $14,000 are having the same proportional tax bite taken out of their respective incomes. It's roughly 25 per cent, or $1 of each $4 earned. Only when a doctor starts to earn more than $15,000 a

Continued on page 60

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on...



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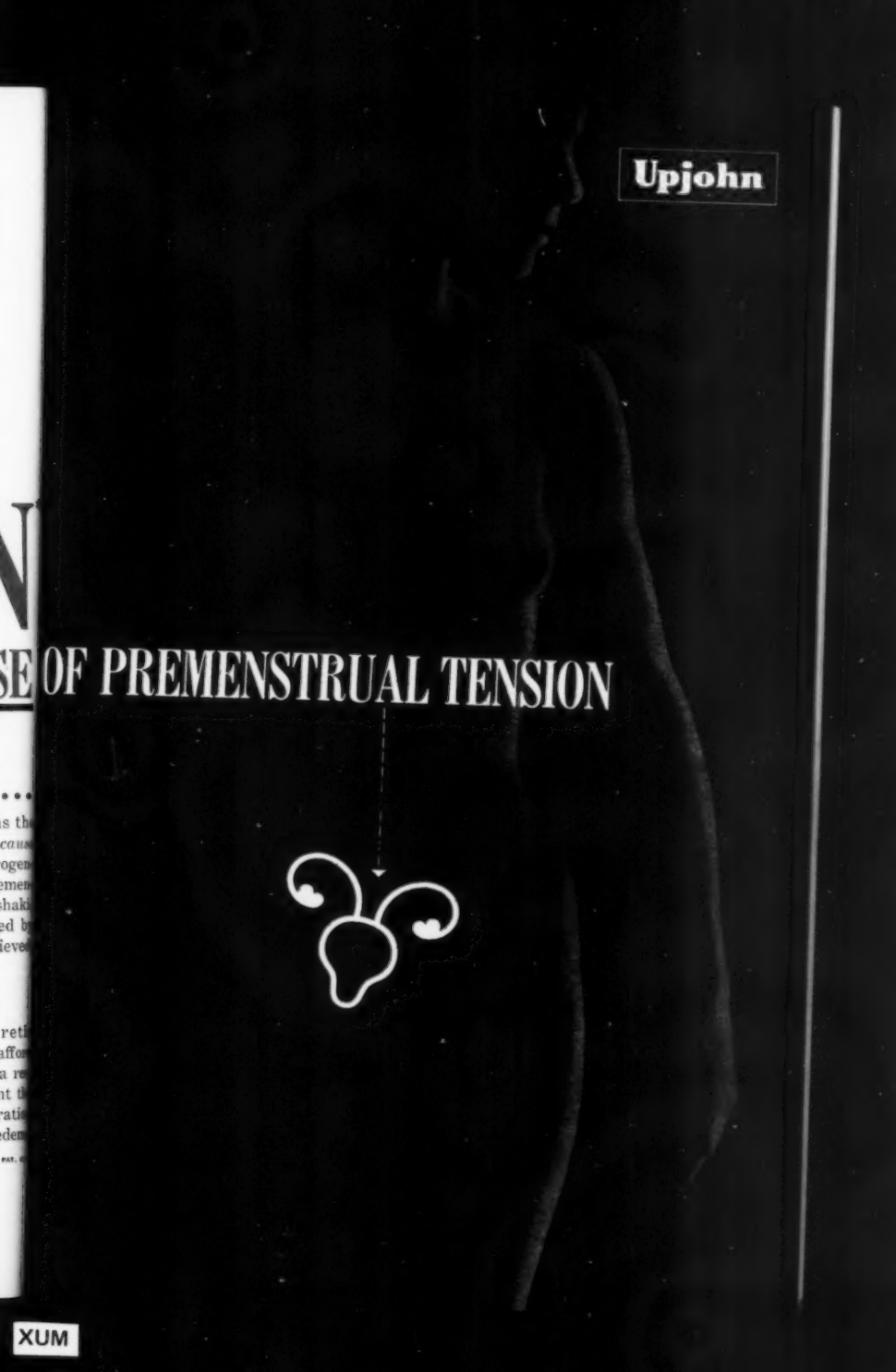
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Upjohn
OF PREMENSTRUAL TENSION

year do taxes begin to take a larger proportion of his income.

These conclusions are drawn from a recent study made by Tax Foundations, Inc., a nonprofit organization, to find who pays taxes and how much. The study shows that income, property, sales, excise, and other taxes imposed by the Federal, state, and local governments vary widely in their impact on families in different income levels.

The Federal income tax takes higher tax percentages at progressively higher income levels above $4,000. But state and local taxes work just the opposite.

The property tax, for instance, becomes less of a burden as income rises, dropping from an average 5.9 per cent tax on lowest incomes to 2.1 per cent on incomes of $15,000. Excise and sales taxes take about 4.8 per cent of income at lowest levels, but they also drop to 2.1 per cent of income at $15,000.

The result is a "tax plateau" for the four out of five families in the United States with incomes between $2,000 and $15,000 a year. These families, who pay 71 per cent of the nation's total tax bill, are taxed at nearly the same rate: about 25 per cent of their incomes. When income rises above $15,000, increasingly higher income tax rates raise the percentage taken from income.

This table, based on 1958 tax statistics, shows the average tax burden for a family by size of income:

Total Income	Total Taxes	Per Cent Of Income
$ 1,500	$ 412	27.5%
4,000	986	24.7
8,000	2,097	26.2
10,000	2,454	24.5
14,000	3,332	36.1
32,000	11,576	23.8

Why M.D.s Have a Tough Time Explaining Fees

If a doctor could offer his patient several grades of treatment, he'd find it easier to set his fees. But the physician doesn't have a high-test treatment or a bargain-basement special. Every patient gets the best brand of care, regardless of what he pays. This is one of the biggest reasons why doctors often have a hard time explaining their fees to patients, says Dr. C. Marshall Lee Jr. of Boston. Writing in the New England Journal of Medicine, Dr. Lee adds:

"In buying such necessities of life as food, clothing, or shelter, a man may decide what he can afford, and the price he pays is directly proportional to the quality of the goods he receives . . . A man

when they're pregnant they "forget" on purpose

Iron therapy is anathema to pregnant women—and understandably so. They are apprehensive of the unpleasant side effects so common with conventional iron tablets and capsules. Little wonder pregnant patients are notorious for "forgetting" to take their iron.

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may buy a $5 hat or a $200 hat, as his means and judgment dictate, but no doctor may offer a patient his second-best skill, judgment, or effort. It is his best, whether the patient is affluent or needy . . . Everybody gets a $200 hat, regardless of what he pays.

"What, then, is a reasonable fee for a doctor's service?" Dr. Lee asks. The answer has to be based on "the complexity of the case, the degree of skill and judgment required, the time expended, and the patient's circumstances . . . [These] cannot be measured, like the service of a public carrier or utility, in kilowatt hours or ton miles."

Court Sets Pay for Semiretired M.D.

Not long after World War II, an elderly doctor gave his two physician-sons a fifty-bed proprietary hospital he had founded in a West Virginia mining area. The father, who was then over 70, continued to work at the hospital about one day a week. How much were his services worth? Not more than $100 a week, the Internal Revenue Service and the Tax Court now say.

The question came up because the status of the hospital was changed in 1951 from a partnership to a corporation. As corporation president, the father got 5 per cent of the hospital's gross receipts, or between $12,000 and $17,000 a year. "Unreasonable," the Internal Revenue Service ruled, since he "lived on a farm about thirty-five to thirty-eight miles [away], came to the hospital about once a week, [and] his hearing was such that he could not be consulted on the telephone."

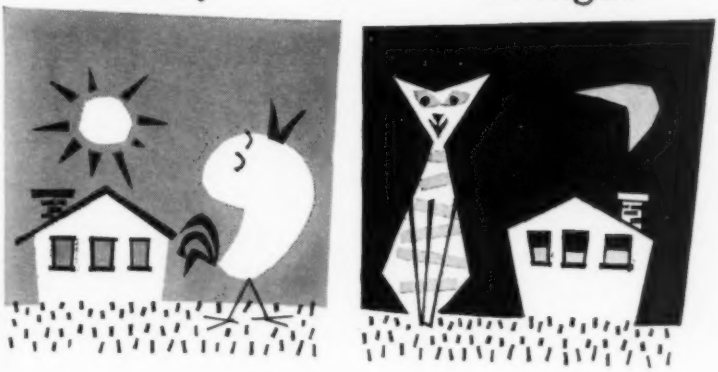
To qualify as tax deductions, the corporation's payments to its doctor-owners must be a reasonable return for actual services performed, the I.R.S. said. Otherwise they must be considered nondeductible dividends. So the I.R.S. and the Tax Court cut the hospital's allowable business deductions by a total of $45,000—the amount it had paid the elderly doctor from 1952 through 1956, over and above the allowable $5,200 annually.

When Not to Sign a Record

Suppose a doctor is serving on his hospital's medical record or tissue committee. Is it wise for him to initial a patient's chart after the committee evaluates it? No, because the doctor thus makes himself identifiable, advises Dr. Charles U. Letourneau, a hospital consultant. "Anyone who signs or initials a chart can be brought to court [as a witness] by subpoena," warns Dr. Letourneau. END

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Average Dose: Initial, 40-60 mg. For elderly and/or debilitated patients, 20-30 mg.

Maintenance, 5-10 mg. daily, as indicated by prothrombin time determinations.

1. Baer, S., et al.: J.A.M.A. 167:704, June 7, 1958.
2. Moser, K. M.: Disease-a-Month, Chicago, Yr. Bk. Pub., Mar., 1960, p. 12.

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ADMINISTRATION AND DOSAGE: ATARAXOID dosage varies with individual response. Clinical experience suggests the following daily dosage: *Initial therapy*—4-6 ATARAXOID *5.0* Tablets. *Maintenance*—1-4 ATARAXOID *5.0* Tablets or 2-8 ATARAXOID *2.5* Tablets. After initial suppressive therapy, gradual reduction of prednisolone dosage should begin and continue until the smallest effective dose is reached. Prescribe in divided doses, after meals and at bedtime.

SIDE EFFECTS: Prednisolone may produce all of the side effects common to other corticosteroids. As with other corticosteroids, insomnia, mild hirsutism, moonface and sodium retention have occurred. Osteoporosis may develop after long-term corticosteroid therapy.

PRECAUTIONS AND CONTRAINDICATIONS: Usual corticoid precautions should be observed. Incidence of peptic ulcer may increase on long-term prednisolone therapy. However, therapy has often been maintained for long periods without adverse effects. Contraindicated in infectious disease including active tuberculosis (except under close supervision), peptic ulcer, certain infections of the cornea, such as dendritic keratitis, superficial punctate keratitis, epidemic keratoconjunctivitis, and in patients with emotional instability. Caution is indicated in the treatment of patients with severe cardiovascular disease, and in some cases sodium restriction and potassium supplementation must be considered.

SUPPLIED: As green, scored ATARAXOID *5.0* Tablets, containing 5 mg. prednisolone and 10 mg. hydroxyzine hydrochloride and blue, scored ATARAXOID *2.5* Tablets containing 2.5 mg. prednisolone and 10 mg. hydroxyzine hydrochloride.

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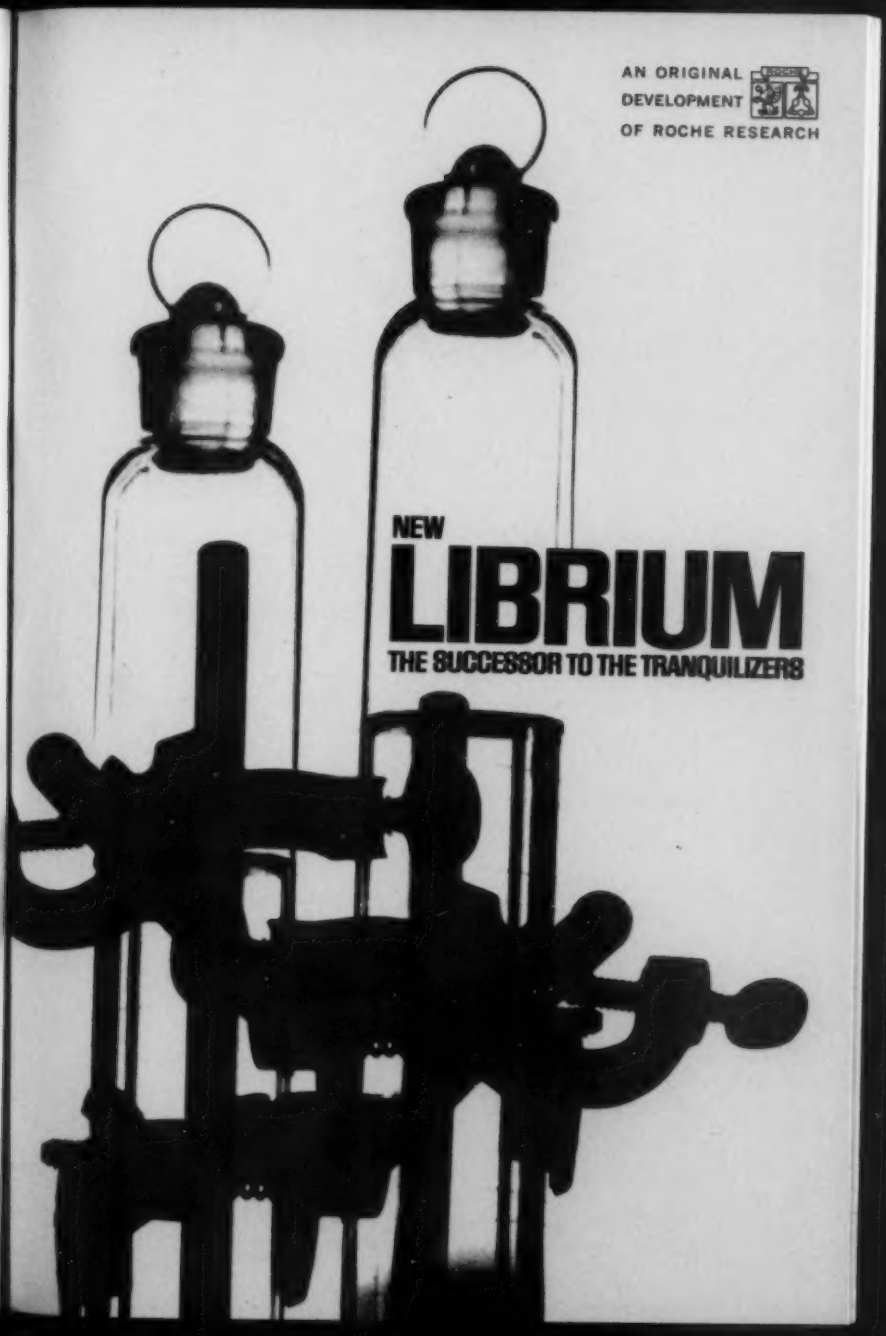
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The Librium Bibliography 1. T. H. Harris, *Dis. Nerv. System*, 21: (Suppl.), 3, 1960. 2. L. O. Randall, *ibid.*, p. 7. 3. J. M. Tobin, I. F. Bird and D. E. Boyle, *ibid.*, p. 11. 4. H. A. Bowes, *ibid.*, p. 20. 5. J. Kinross-Wright, I. M. Cohen and J. A. Knight, *ibid.*, p. 23. 6. H. H. Farb, *ibid.*, p. 27. 7. C. Breitner, *ibid.*, p. 31. 8. I. M. Cohen, Discussant, *ibid.*, p. 35. 9. G. A. Constant, *ibid.*, p. 37. 10. L. J. Thomas, *ibid.*, p. 40. 11. R. C. V. Robinson, *ibid.*, p. 43. 12. S. C. Kaim and I. N. Rosenstein, *ibid.*, p. 46. 13. H. E. Ticktin and J. D. Schultz, *ibid.*, p. 49. 14. J. N. Sussex, *ibid.*, p. 53. 15. I. N. Rosenstein, *ibid.*, p. 57. 16. D. C. English, *Curr. Therap. Res.*, 2:88, 1960. 17. T. H. Harris, *J.A.M.A.*, 172:1162, 1960. 18. G. L. Usdin, *J. Louisiana M. Soc.*, 112:142, 1960. 19. I. N. Rosenstein and C. W. Silverblatt, paper read at Pan American Medical Association, 35th Anniversary Congress, Mexico City, Mexico, May 2-11, 1960. 20. K. Rickels, *ibid.* 21. N. Toll, *Dis. Nerv. System*, 21:264, 1960.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JULY 18, 1960

What to Do if You Discover A Colleague's Mistake

You don't want to criticize another physician. Yet you have an ethical responsibility to your patient. How should you handle the situation? Here are authoritative answers

By John R. Lindsey

Dr. Webster—let's call him that—peered at the woman's badly burned hand. Shaking his head knowingly, he said: "Mrs. Franklin, you have a terrible X-ray burn. The doctor who's responsible should be made to pay for this!"

Dr. Webster had never seen Mrs. Franklin before. He was to see her again, though—in court. She'd taken his hint and sued. That didn't surprise him. What did surprise him was that he found *himself* a defendant in the malpractice action—a co-defendant, as a matter of fact, with his radiologist-partner, whom I'll call Dr. Pauling.

Mrs. Franklin, it turned out,

XUM

was Dr. Pauling's patient. It was Dr. Pauling who'd prescribed X-ray therapy. The burn she'd suffered was the fault of an X-ray technician who was employed by both physicians. So Dr. Webster found himself equally liable for the acts of his partner and their employe.

I've heard dozens of true stories like that one in recent years. The point is always the same: Some thoughtless doctor has triggered a malpractice suit by criticizing a colleague.

Just recently, I came across a startling quotation in a national magazine. It was attributed to the late Dr. Louis J. Regan, one of the more articulate medical authorities on malpractice. It said in effect that more than half of all malpractice actions are touched off by one doctor's criticism of another. Since such a high ratio seemed far-fetched, I looked up



"In Philadelphia, nearly everybody eats phenobarbitol."

the original statement and found that Dr. Regan had been quoted correctly. Here's what he wrote several years ago:

'Destructive Criticism'

"The precipitating cause of a majority of all malpractice actions is found in the unwise comments of criticism by physicians of treatment given patients by other physicians. Commonly it is criticism by a succeeding physician of the work of his predecessor on the case. Various authorities have estimated that 50 to 80 per cent of all the suits for malpractice would be eliminated if such destructive criticism could be stopped."

I still find that hard to believe. But there's no doubt that a good many suits do result from one doctor's heedless comments on another man's work. What, then, should you do when you discover a colleague's mistake? What should Dr. Webster have done, for example?

Obviously, he couldn't simply keep his mouth shut. The patient had been burned through no fault of her own. It was Dr. Webster's ethical duty to tell her that she'd suffered an X-ray burn that required immediate treatment. But then what? Should he merely have offered to provide that treatment, hoping that the woman would give no further thought to the question of responsibility for the burn?

Not long ago, I broached this problem to one of today's leading medical authorities on malpractice: Dr. Joseph F. Sadusk Jr. of Oakland, Calif., who was chairman until recently of the Joint Committee on Medical Professional Liability of the A.M.A. and the American Hospital Association.

An Authority's Opinion

Dr. Sadusk agreed that Dr. Webster was right in feeling that a prompt settlement seemed in order for his patient with a burned hand. But, he pointed out, doctors aren't lawyers; it isn't up to them to suggest the possibility of malpractice.

"In such a situation, the doctor has two clear obligations," said Dr. Sadusk. "He has an ob-

Continued on page 254

XUM

Here's a yardstick to measure your own estate planning by. These four authorities have teamed up to produce . . .

A Model Estate Plan for Today's Doctor

In helping a typical physician plan his estate, how would authorities on four aspects of it—the will, possible gifts to the family, life insurance, and investments—handle those matters?

The Practising Law Institute, a nonprofit educational institution, recently held a forum on the subject in New York City. The following articles are drawn from presentations prepared for that meeting by four specialists in estate planning.

To make their answers applicable to specific situations, the authors created a hypothetical physician named Dr. Fay. But while he doesn't exist, his estate problems do. They're typical of those faced by many physicians. Dr. Fay is earning a good living. He's saving a respectable share of what he makes. But he wonders if he'll have enough money to live in comfort after he retires. He wonders what would happen to his family if he should die.



Henry C. Smith, LL.B.



Martin A. Roeder, LL.B.



Eustace W. Tomlinson, LL.B.



Stephen M. Jaquith

Taken together, the presentations offer a thorough diagnosis not only of what's wrong with Dr. Fay's estate program, but of what's likely to be wrong with many doctors'. Suggested remedies are provided as well. You'll probably find more than one of these ideas helpful in planning your own estate. But first take a look at Dr. Fay's problems, as he sees them.

Dr. Harold Fay practices urology in a community with a population of about 35,000. At the age of 45, he has been in private practice almost fifteen years. His net professional income last year was $42,000. In addition, he received nearly $4,000 from his investments. Out of the total, he saved about $3,000.

Financially, Dr. Fay appears to be doing well. His investments now amount to $111,000. His medical practice is worth another $29,000, including equipment and accounts receivable. The

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doctor and his wife live in a $35,000 house and owe only $7,000 on their mortgage. The doctor's life insurance has a face value of $80,000. Counting the insurance, he figures that his net estate is worth a little more than $200,000.

Fifteen years ago, the doctor drew up a will leaving everything to his wife. Mrs. Fay willed her own small estate to him. But now he wonders how well that simple crisscross arrangement will work out. As he takes stock of his economic achievements, he has much to be proud of. But he doesn't feel particularly happy. He's worried, instead. Specifically, he's worried about:

Dr. Fay's Problems

▶ His wife. Mary would certainly do her best to raise the children if anything should happen to the doctor. But she has had no experience with money matters. And she falls for every hard-luck story she hears. The $3,000 she lent her brother five years ago is an example. It hasn't been paid back. It probably never will be. How well will Mary handle a $200,000 estate if it's turned over to her in a lump sum?

▶ His children. Joyce is 4; Jane, 6; Jerome, 8. The doctor wants them to go to college. But to send all three there for four years will cost about $40,000. Getting that much cash together is sure to present a problem. And where will it come from if the doctor dies before the children reach college age?

▶ His taxes. Last year, Dr. Fay paid more than $16,500 in Federal and state income taxes. His accountant tells him that his estate might face a death tax as large as $39,000. What can the doctor do to save more of his money for himself and his family, and to give less to the Federal and state governments?

▶ His investments. Most of the doctor's savings are in bank accounts, bonds, and life-insurance cash values. Dr. Fay wonders whether he's being too conservative. Should he take some bigger chances in the hope of bigger rewards? He also wonders whether he has enough protection against inflation.

▶ His retirement. The doctor would like to retire in about twenty years, when he'll be 65. He estimates he'll need an income of roughly $12,000 a year in order to live in comfort. But after he raises and educates his children, will he have enough left to provide such an income? For that matter, will $12,000 be sufficient to live on, twenty years from now?

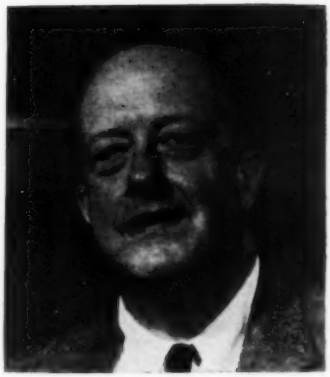
As a matter of fact, Dr. Fay wonders whether his estate program is sufficient for *any* of his needs. If it isn't, what should he do about it?

Here are the experts' recommendations:

Dr. Fay Needs a New Will

By Henry Cassorte Smith, LL.B.

Dr. Fay needs a new will—and he needs it fast. The old, simple document was fine before the doctor had any children and before his estate reached up into the estate-tax brackets. But now it just won't do for the doctor to simply leave everything outright to his wife.



If he should die, taxes on the estate would be far higher than they need be. And Mrs. Fay would be left to deal with financial matters she doesn't understand. So I recommend that he set up two trusts in his will.

The first would consist of one-half his estate. It would go into effect at his death, with Mrs. Fay receiving the income for life. To make sure she had enough money for emergencies, the trust agreement would permit her to take out an extra 5 per cent of

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THE AUTHOR, *a partner in the New York law firm of Webster, Sheffield & Chrystie, lectures frequently about estate planning and taxes.*

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the principal—up to $5,000—each year, when and if she needed it. And she'd have the right to decide who was to get the remainder of the trust at her death.

The other half of Dr. Fay's estate would be put into a second trust. This would also be set up through the will and would go into effect at his death. As long as she lived, Mrs. Fay would receive the income from this trust. And she'd again have the right to draw an extra 5 per cent a year.

But after her death, this second trust would continue in operation, "sprinkling" the income among the children. The principal would be split up among them at a specified time—say, when Jane reached 30.

Advantages of Two Trusts

Note that the accent of both trusts is on flexibility and on the protection of Mrs. Fay and the children. The principal of the trusts would be invested and managed by experts, so that Mrs. Fay couldn't dissipate the money through unwise investments or misplaced generosity. At the same time, she would get enough income to keep herself and the family.

But why all the rigmarole of two separate trusts, when both seem to provide the same thing? The answer is taxes. The first trust would meet the requirements for a marital deduction: That half of the doctor's estate would be free of estate taxes. The trust would face such a tax only on the death of Mrs. Fay.

The second trust wouldn't qualify for the marital deduction, so it would be taxed on the death of Dr. Fay. But because the principal would go to the children, it wouldn't be taxed a second time when Mrs. Fay died.

In other words, only half the doctor's estate would be hit with estate taxes when he died; the other half, when Mrs. Fay died. This arrangement makes the best possible use of the marital deduction and cuts estate taxes down to an absolute minimum.

It might be a good idea for Mrs. Fay to write a new will, too, depending on what the doctor decides to do about his. But since her money doesn't reach up into the estate-tax brackets, it could

be a simple affair. She could leave all her property to her husband if he survived her; and she could put it in trust for the children if he didn't. She'd probably also want to leave certain heirlooms and jewelry to specific children, relatives, and friends.

Of course, there are many other provisions that the Fays' wills should contain. There ought to be something in each to protect the children in case of a common disaster—a provision for a guardianship, perhaps. And the wills should also take into consideration other possible contingencies. For instance, the children might die before their parents. An attorney could work out those details for Dr. Fay.

As I've outlined it, the doctor's new will would solve his number-one problem: protecting Mrs. Fay if he should die prematurely. And by taking full advantage of the marital deduction, the doctor would be sparing his heirs a lot of tax headaches. The combined Federal and state taxes on his estate *could* run as high as $39,000. But under the proposed will, they'll be only $7,900.

He Should Make More Gifts

By Martin A. Roeder, LL.B.



Gifts are a prime way to cut estate taxes. Bracket for bracket, the gift-tax rate is 75 per cent of the estate-tax rate. So for every 75 cents Dr. Fay paid in gift taxes now, he'd reduce his eventual estate tax by at least $1.

But he could actually give away a huge amount without incurring any gift tax at all. The income tax laws provide a specific annual exemption of $3,000 for every beneficiary. In addition,

THE AUTHOR, *a member of the New York law firm of Guggenheimer & Untermyer, is co-author of "Basic Estate Planning," published by the Bobbs-Merrill Co., Inc.*

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there's a one-shot lifetime exemption of $30,000. And if Dr. and Mrs. Fay joined together in their gifts, they could double those limits. So if they gave $6,000 a year to each of their children, plus an extra $60,000 over their lives, they wouldn't have to pay a penny in gift taxes.

Obviously, it would be easy for the doctor to give away his entire estate and completely avoid both gift and estate taxes. Just as obviously, he wouldn't want to do any such thing. He needs the money himself right now and will continue to need it for years to come.

What Gifts Would Save

Still, Dr. Fay should think about the possibility of giving away *some* of his estate now—perhaps as much as $60,000. He could put that money in a living trust. The income would go to Mrs. Fay during her lifetime; the principal, to the children. The entire $60,000 would be free of gift taxes. And the estate-tax saving would be about $12,000 and maybe more, depending on the doctor's other estate plans.

There's one additional gift the doctor should consider: a gift of his medical equipment. He could donate it to a charitable foundation or to a hospital, retaining the right to continue using it for the rest of his life. This would be a double-barreled tax-saver.

In the first place, the doctor could immediately claim an income tax deduction based on the present value of that future gift. The Internal Revenue Service has tables, based upon life expectancy, showing what fraction of the property's value can be claimed.

In the second place, the equipment would no longer be part of the doctor's taxable estate. Thus, it wouldn't be subject to estate taxes.

The doctor might also give his wife a half interest in their home. That alone would transfer about $17,000 over to her.

It's apparent that making gifts could reduce Dr. Fay's estate taxes considerably. But it's important that he make such gifts carefully. For no tax savings would be worth his losing control of the bulk of his estate.

He Needs a Better Insurance Program

By Eustace W. Tomlinson, LL.B.



Life insurance will be the family's largest single asset at Dr. Fay's death. It will provide about half the ready cash in his estate. So it's of prime importance to work out a plan for handling it *now*.

As matters stand, Mrs. Fay is the sole beneficiary; and she stands to get many thousands of dollars in a lump sum when her husband dies. That's clearly a poor arrangement. Instead, the doctor *could* arrange to have the proceeds paid to her in installments. Or he could direct the company to hold the principal for a fixed number of years and simply pay interest on it to Mrs. Fay.

But insurance companies pay relatively low interest rates. I have a better idea. It's this:

If Dr. Fay sets up two trusts under his will, as suggested by Henry Cassorte Smith, I think he should switch beneficiaries on his insurance. If the proceeds are made payable to his estate instead of to his wife, the money would then go into the two trusts. It would be paid out to Mrs. Fay and the children according to the terms of the trust agreements.

By naming his estate to get the insurance, the doctor wouldn't be increasing his heirs' Federal estate taxes. The insurance proceeds would be taxable, in any event. The estate *would* have to pay a little more in state inheritance taxes. But that would be outweighed by the convenience and greater family security of

THE AUTHOR *is counsel to the trust department of the Chemical Bank New York Trust Company.*

XUM

Dr. Fay's Present Insurance Program

Policy	Face Value	Cash Value	Annual Premium
Endowment at 65	$20,000	$ 7,700	$ 400
Ordinary life, including decreasing-term rider	25,000 35,000	4,200	800
Total	$80,000	$11,900	$1,200

The death benefits (which go to the doctor's wife in a lump sum) are paid the wrong way, and the doctor has the wrong kind and amount of protection, says Eustace W. Tomlinson, a well-known estate lawyer. For his suggestions, see this article.

having the insurance money and other assets all together.

How about the amount of insurance the doctor is carrying? Does he have enough protection, and the right kind?

I'd say that his $80,000 of life insurance is *not* enough. His children are very young. It's sure to take a lot to raise and educate them. Part of the doctor's coverage is decreasing term insurance; in ten years his total protection will be even less than it is now. So I think the doctor should buy a fairly substantial amount of additional insurance—either term coverage or a "minimum-deposit" policy.

At his age, he can still get term insurance at a modest cost. Since he'll need heavy protection up through the years when his children are at college, ten-year renewable term might be best. After ten years, he could either drop the policy or renew it.

Under a minimum-deposit arrangement, the doctor could buy a permanent form of insurance but borrow each year's increase in cash values to help pay the premiums. Of course, he'd have to pay interest on that debt. And his net insurance coverage would drop as the debt built up. But the interest would be tax-deductible. For persons in high tax brackets,

the after-tax cost of a minimum-deposit policy is often even lower than that of term insurance.

I suggest that Dr. Fay and his insurance adviser figure out whether term insurance or a minimum-deposit arrangement would be more economical.

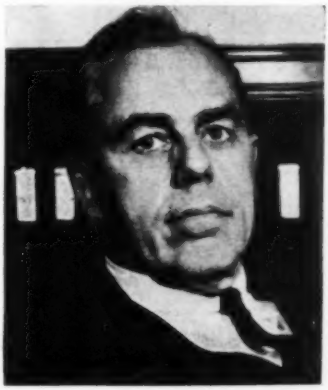
As for the life insurance the doctor already owns, it's important to note that he carries $20,000 of it under an endowment policy maturing at age 65. Endowment policies are largely a method of forced savings at a rather low rate of interest.

Thus, Dr. Fay would probably be better off if he switched the policy to an ordinary life contract and invested separately the money he saved on premiums. However, if he doesn't feel he really would invest the difference in premiums, he might as well hang onto the endowment policy.

What would be the result of Dr. Fay's revising his insurance program? He wouldn't save any taxes. But he would accomplish two of his other objectives. The death proceeds would be placed in trust, so that the money would be well managed in the family's best interests. And the additional low-cost insurance would help guarantee a college education for the children, no matter what happened to their father.

He Should Buy Stocks

By Stephen M. Jaquith



Dr. Fay's current retirement goal is an income of $12,000 a year when he's 65. Will that sum be enough, twenty years

Continued on page 264

THE AUTHOR *is a securities analyst associated with the brokerage firm of F. L. Rossmann & Co., a member of the New York Stock Exchange.*



How to Get More Done Without Working Longer Hours

Haven't you often wished there were more hours in the day? Whether at work or at play, most people never seem to accomplish as much as they want to. Yet there are a few who have the knack of always getting things done on schedule. They don't work longer hours than anyone else; nor are they ever out of breath.

What's their secret?

It's quite simple. They organize their time so as to make each working hour more productive and therefore more profitable.

Better work scheduling is the secret. Throw away that standard appointment diary and design one of your own that fits your work habits. It'll help you give good service to three or four more patients per day

By Joseph F. McElligott

And everyone respects them all the more for doing so.

The doctors I'm talking about neither carry stop watches nor practice assembly-line medicine. Rather, they decide on their financial goals and then set up work schedules to meet them. Everyone can do likewise if he'll try. But first it takes some realistic figuring.

The average physician thinks he works about fifty-five hours a week. But not all of this can be considered income-producing time. Some patients are treated free of charge or at a reduced rate. Several hours per week are usually wasted in nonproductive motion or idle chatter. Then there are days off, long week-ends, holidays, etc.

If you're like the average physician, you work about thirty hours per week in the office, about fifteen hours at the hospital or making house calls, and perhaps another ten hours a week

THE AUTHOR *is a tax and medical management consultant in New York City. He is President of the Society of Professional Business Consultants.*

XUM

doing charity work or attending staff meetings. So your maximum productive time is forty-five hours a week.

Probably you take a vacation. Perhaps you also attend a convention. If so—and this is reasonably typical—you actually work only forty-eight weeks of the year. Therefore, your maximum productive time will be *2,160 hours per year.*

Now, what financial returns are possible from these 2,160 productive hours? The table below tells the story.

Note how little is left of the hourly gross (left-hand column) by the time it's translated into take-home pay (right-hand column). And this has to cover all family living expenses, children's education, investments, and savings. Further, you may still be paying off mortgages and other loans for the purchase of automobiles, office equipment, or household items. Take-home pay has to cover these outlays too.

Pick out the horizontal line on the table that comes closest to representing you. Then ask your-

Hourly Gross Needed to Produce Various Incomes*

Hourly Gross	Annual Gross	Net Before Taxes	Net After Taxes	Take-Home Pay Per Hour
$10	$21,600	$14,400	$12,210.40	$ 5.65
15	32,400	21,600	17,530.40	8.11
20	43,200	28,800	22,410.40	10.38
25	54,000	36,000	26,822.00	12.42
30	64,800	43,200	30,860.00	14.29
35	75,600	50,400	34,558.40	16.00
40	86,400	57,600	37,984.40	17.59

*Assuming the doctor puts in 2,160 productive hours per year; spends one-third of his gross income for practice-connected expenses; has a wife and three children; and takes 10 per cent of his adjusted gross income in personal tax deductions (contributions, interest, taxes, etc.).

self whether the take-home pay shown there is enough to provide for your family's future and your own retirement too.

If you don't think it is, look at the line *below* the one that represents you. You can easily achieve this additional income *without* raising fees or reducing the time spent with each patient. You can achieve it simply by becoming more efficient—and insisting that everyone on your staff do likewise.

Office Shape-Up

Start right now in your office. Look it over carefully. Does it reflect your new attitude? If not, change it the way you want it without regard for cost.

Do your assistants reflect your new thinking? If not, make them over. And if they don't respond, replace them.

Take a close look at your own work habits, too. They're often controlled by the forms you use in your office—the daily appointment diary, for example. And it's a rare doctor who uses an appointment diary that permits him to practice most efficiently.

Let's stop calling it an appointment diary. Let's call it "the doctor's daily work sheet." Then it becomes clearer that no standard form is likely to be the most efficient for you.

Your Own Work Sheets

You know at what pace you can practice; you know what your girls can do for patients; you know how little time certain types of visits take. Your daily work sheet will never reflect all this knowledge unless you design it yourself.

Rough out appropriate sheets for each day of the week (some should look different from others). Sketch in spaces for patients' names every ten, fifteen, or twenty minutes during your working hours—whatever length of time constitutes an average visit. But make certain that some hours—at least one for every morning, afternoon, or evening session—are broken down into five- or ten-minute spacings. These are the hours when you'll see patients who require only brief rechecks.

Also provide a column or two

XUM

of spaces for appointments with your technician or nurse. These are for patients who need X-rays or lab work before you see them —or possibly even without your seeing them.

Believe me, if you set up a tight schedule and stick to it, you'll have half the battle won. Don't let your secretary, your nurse, or your patients dictate how you should conduct your practice. You decide—and then design your own daily work sheets so that they reflect your decisions.

Get a good printer to print them up for you. Never mind size and cost. The sample shown here suits one partnership practice,

Two Doctors' Daily Work Sheet*

WEDNESDAY, MAY 4, 1960				Appts. With Off..Pers.		
Dr. Andrews		Dr. Black		X-Ray		Lab
9 00		9 00		9 00		
9 15		9 15		9 15		
9 30		9 30		9 30		
9 45		9 45		9 45		

*Other hours follow this pattern except for 11 and 3, which are divided into ten-minute intervals.

but your work sheets might come out quite differently.

If yours is to be a truly efficient office, you must even schedule the interruptions. I'm not joking. It's entirely possible to have all your interruptions come at a scheduled time. That's why I believe *every* physican should have a telephone hour.

Plan for Calls

How do you set one up? Mail a simple printed announcement to all old patients; furnish it to all new patients on first contact. It should ask that requests for morning visits be phoned in before a set time—say, 9 A.M.

The doctor himself should take all such calls, if possible. Nothing but reassurance will be required in many cases. For others, office visits later in the day will be indicated. Only a few patients will actually need house calls. And once these have been taken care of, the remainder of the doctor's day should go according to plan.

It's a good idea, though, to schedule another open-wire session at the end of the afternoon —say, 4:30. This gives patients a chance to make "call-back" reports.

Never make the mistake of telling patients, "Call me back tomorrow." Tell them at exactly what hour to call. If they break your rule—barring an emergency —your secretary should tell them you'll call back during your telephone hour.

If you have a list of patients to call back, your secretary should be dialing one patient while you are talking to another. When you are finished, you merely push a button to speak with the next patient. I've seen doctors complete twenty such calls in less than fifteen minutes. Make no mistake: You can save a great deal of time by using a system like this.

How else can the doctor get more done in less time? By being alert to change.

New Aids a Must

We live in a modern age of electronics. Soon gadgets will do still more of our work. When something really useful comes along, be among the first in your

XUM

town to buy one. Otherwise you may wake up to find yourself left in the lurch.

Want to test your alertness to good new things? All right. How many of the following do you have in your office: An electric typewriter? An electric adding machine? An electric copying machine? An electronic dictating machine?

Still Licking Stamps?

The good things aren't all gadgets. Did you know that the Post Office Department will print your name and office address on a stamped window envelope in *four* different sizes at a cost slightly more than the postage? This simple switch can save your secretary many hours of licking stamps.

Smart scheduling and modern business equipment should make it possible for most physicians to squeeze in another three or four patients per day without any real effort. This would be enough to jump your income to the next line on the table (page 84).

But there are alternate ways the time gained can be used. For example, you may prefer to decrease over-all work hours. This is the answer for the overworked physician and the staff who constantly gripe about not getting through work on time.

Or you may want to invest the gained time in improving the quality of the service you render. This is best for the physician who now lacks time to write complete clinical charts, or who short-changes himself in acquiring new skills. Think what such a man could do with five to ten extra hours each week!

Make Your Time Pay

Whichever benefits you choose, remember that there's a time and a place for everything. When you are in the office or making house calls or hospital rounds, concentrate on only one thing—*work!* Try to devote every minute of that part of the day to the work at hand. And try to *make every minute of every working hour return a profit.*

That's the way to earn more without working longer hours. And it's the way to enjoy your leisure more, too. END

OFFICE MANAGEMENT MEMO

From Morris C. Flanders
Partner, PM—Battle Creek, Mich.

Nail Down Those Special Deductions!

Did last T-Day—April 15, 1960—find you and your accountant with ice bags on your heads, trying to reconstruct all the practice-connected items you paid for in personal checks or even in cash? Did your wife have trouble remembering the details of the cocktail party she gave for your referring physicians and their wives? Could she recall how much the flowers cost, what the liquor bill was, what she paid the maid for the extra evening's work? And did you simply forget where all the money went at that convention you attended last summer?

Lots of doctors have such T-Day trouble. So let me suggest a way to avoid it in the future: Write checks to yourself on your office account, reimbursing yourself for minor practice-connected outlays as they occur. Do this as quickly as possible after you've spent the money.

For example, if you pay your dues to a civic club with a personal check, and if you usually claim half the amount as a business expense, recover this half on an office check as soon as you get behind your desk. Follow the same procedure with your country-club dues.

After the cocktail party, half an hour will suffice for your wife to give you a rundown on the costs. Figure out how much you

can fairly charge to your practice, and make out the check the next day.

When you've attended a convention, you'll have a better chance for total recall if you'll go over the hotel bills (and your hen-scratchings on the backs of old envelopes) on the way home rather than later. Then, the first day you're back in harness, recoup with an office check made out to yourself. (But be sure to file the bills and the old envelopes.)

Do the same sort of thing with the quarters and half-dollars you spend on bridge and road tolls in the line of medical duty. If such expenditures are more than merely negligible, write yourself a check for them at regular intervals—on your aide's paydays, say.

Doing it this way, you'll get all such difficult deductions into your office books, where they belong, while they're still hot. In tax terminology, they'll be current entries of current expenditures. The pay-off will come next April. Your prompt recovery of these outside-the-office outlays eliminates the risk that you may forget a few items. And the time you save will be your own. END

Well-developed patient

An elderly Navaho woman who spoke little English came to the Indian Hospital in Phoenix, Ariz., for abdominal X-rays. The technician handed her a gown and, with a few words and considerable sign language, ushered her into the darkroom. Because of limited facilities, this served also as a dressing room.

After some time had passed and she still hadn't emerged, the technician became worried. So he knocked—and entered. There he found the old girl sitting happily in the developing tank, enjoying a cool bath. —JOSEPH RAPAPORT, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*

If You Have to Fire An Aide

There's more than one way to dismiss a girl who hasn't worked out. Paste these suggestions in your memory book for future reference—just in case

BY HORACE COTTON

Sometimes an aide simply has to go. Even a doctor with a really efficient assistant may be forced to fire her.

Take a Kentucky specialist I talked to recently. He'd had a brilliant secretary who ran his office like a well-oiled motor for more than a year. But the curtness of her manner alienated too many of his patients. They began to complain that she took no time to be human. Reasoning that it was better for an aide to neglect her paper work than his patients, the doctor dismissed her. From my long experience as a medical management consultant, I know he was right in doing so.

A Georgia G.P. had a different problem. Telling me why he'd fired his nurse-secretary, he explained: "She was grossly inefficient in the things she claimed to know about. She was a poor

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THIS ARTICLE *is the last in a series. Earlier articles dealing with finding, hiring, and training an aide appeared in the Feb. 15, March 14, April 25, May 23, June 6, and June 20 issues of* MEDICAL ECONOMICS.

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nurse in spite of good training. She fouled up the books incredibly, although she told me she'd been to business school."

When the Georgia G.P. decided that his assistant had to leave, he merely showed her the door, and that was that. But the Kentucky man's super-diligent aide deserved gentler handling. She got it.

Thanks to a recommendation from her former boss, she now works for a group. She isn't on the front desk, where her icy efficiency might bother people. As a result, all her employers are well pleased with her job performance.

My point? Simply this:

The right way to dismiss an aide depends on your reasons for doing it. Bear that in mind as you read the following five suggestions. If you do, they should help you get rid of an unsatisfactory girl as gracefully as possible.



"Well, I'll be damned! After nineteen it's all downhill."

1. Before you fire an aide "for cause," be sure that what's wrong is something that can't be corrected.

When you give an aide a real chance to improve, you may be doing yourself a favor. Maybe she *did* scramble your billing and hang up on a referring physician. Those could have been honest mistakes. Says Vivian A. Messineo, personnel officer of the Hackensack (N.J.) Hospital: "If a doctor gets impatient, he may lose someone who, with proper instruction, could be a good, loyal worker."

And Miriam Bredow, author of that valuable reference book "The Medical Assistant," declares: "It isn't fair to fire a girl without warning her. She'd probably make the effort to change." There's always the unhappy possibility, too, that the old aide's replacement may not do any better.

But how long should you wait for an unsatisfactory aide to turn over a new leaf? Obviously, not months or even very many weeks. James F. Tenny, manager of administration for the medical division at the Metropolitan Life Insurance Company, suggests that two or three interviews with an office assistant should be followed by "improvement or termination."

2. Once you make up your mind to fire an aide, do it quickly. But break the bad news in a way that won't cause lasting resentment.

So your secretary messed up your daybook beyond belief? She was rude to your most loyal patient and broke every hypodermic barrel in the office? Even mailed out the Christmas cards in October, because one quiet afternoon you asked her to address them so they'd be ready for December?

None the less, when you tell an aide you won't be needing her any more, don't recite all her misdeeds. Vengeful aides can sometimes hurt you. Besides, while being fired is a heavy punishment for most people, being harangued is often a torture.

Instead of talking tough, it's always better to say something like this: "Hattie, what I'm going to say will distress you, I'm

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afraid. We're just not getting along well together. It's partly my fault, I know. I don't seem to have the time to train you that you're entitled to. And I blow my top about little things all the time. I'm sorry, Hattie, but I've engaged a new girl to take your place."

Then Hattie can't ask for another chance—assuming she has had several already.

Or you might follow this advice that a Connecticut G.P. once gave to a colleague: "When you have to break the bad news to a girl, quietly explain (behind closed doors, of course) that she doesn't fit into your long-range plans. Point out that there's no use prolonging the agony. Say: 'We get on each other's nerves. Later on, we might not be able to part on such friendly terms as we can now.' And give her some suggestions about the type of work that might suit her better."

Don't do too much talking or make too many suggestions, though. Says Ben Loventhal, a management consultant in Louisville, Ky.: "If a fired aide doesn't ask why she's getting the axe, don't tell her. You'll save yourself lots of argument."

In other words, least said, soonest mended. It may be hard to resist the temptation to give the departing aide a piece of your mind. But reviving old resentments will only stir up both of you. In firing the girl, you're presumably being just. Now be merciful. Let her go in peace.

3. If you have to fire a girl for no real fault of her own, find a way to make it up to her.

Suppose you're *not* being just in firing an aide. Suppose you have to let her go for your own personal reasons. That does call for an explanation and for a helping hand.

For example, a doctor I know had the prettiest blonde secretary you ever saw. She could spell, type, file, and keep books. The patients liked her. But the doctor's devoted wife didn't. She commanded: "George, that girl has to go." After some slight show of resistance, the doctor gave in. But he could hardly hand his employe her pay and say a cool good-by.

By taking a little trouble, he

was able to avoid an injustice. He discovered that another physician's secretary was leaving at the end of the month. His colleague gladly agreed to take the blonde at a considerably higher salary than she'd been making. My client got credit for helping her advance her career.

Even when an aide brings about her own dismissal, you may feel that under the particular circumstances she deserves your help in relocating. A pediatrician-friend of mine had a long-time assistant who suddenly started to fret about the carryings-on of her scapegrace son. Soon she was telling her sad story to every new parent who came in.

Her employer stood it as long as he could. Then he lined up an office job for her in a hospital,



away from the public. With no ready supply of captive listeners, she's doing well there.

Of course, finding a worthy aide another job may prove difficult. In that case, you can always give her some financial balm.

In Mississippi, a surgeon I know did just that. He noticed that his nurse of many years was missing the instructions he gave her. It turned out that she suffered from a progressive hearing loss. They had a frank talk about the situation and parted company. But they've remained firm friends. She sends him patients, telling them what a fair-minded man the doctor is.

Small wonder that the surgeon considers the $500 he gave his nurse as a farewell present one of the best investments he has ever made!

4. Follow a clear-cut plan about giving notice—one that's fair not only to the aide, but to you.

Unless you're firing an aide for dishonesty, she's entitled to reasonable notice, or to pay in lieu of it. A girl will feel bad about getting her notice. But she'll feel a lot worse if she's told to pack up and leave right away, without extra pay.

How much notice should you give her? The custom in commerce and industry is to give a notice of at least one full normal pay period. Thus, if your girl is paid twice a month and you tell her on the fifth that you're letting her go, her severance date should be the last day of the month. That's why it's generally best to give notice on a pay day. Then you can tell the aide that the next pay day will be her last.

It's not essential for her to work out the period of notice, of course. It may be better for you if she doesn't. Obviously, you won't want an insubordinate or grossly inefficient girl even to finish out the day.

Ordinarily, you'll find it helpful for an aide who's leaving to spend a few days with her successor. But there are instances when this doesn't pay. Perhaps your ex-secretary is convinced you're giving her a raw deal. If so, she can do a pretty thorough

Continued on page 272

Best Way to Handle Reminder Cards

Patients won't misinterpret your motives if they feel that reminders are a free extra service. That's why more and more doctors are doing it this way

By John E. Eichenlaub, M.D.

Do you avoid sending reminders to patients who really *ought* to get them, because you'd rather not seem to be soliciting business? If so, I suggest you do what an increasing number of my colleagues say they're doing: They give the patient a chance to prepare his own reminder card. That way, neither he nor anyone else can possibly view it as anything but an extra service to him.

The doctor's secretary sets up a follow-up file for postcards. As a patient leaves, she hands him a card like the one shown in these pages and says: "If you'd like me to send you a reminder when your next examination is due, just fill in your address on the other side of this card."

She goes about her normal

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business while the patient reads the card. If he seems uninterested, she never presses the matter. Almost always, though, the patient completes the card and hands it back, say the physicians who use this technique.

The aide then makes a definite appointment and enters it on the card, or else she checks the "phone for appointment" box.

People who need annual examinations for administrative reasons (e.g., school teachers, school bus drivers, and pilots) seem especially grateful for such a service. So are patients who come in for annual or periodic examinations, as well as people who have had cancer surgery and other conditions calling for infrequent but regular reappraisal.

Suite 602, Medical Arts Building
Cleveland, Ohio

Just a reminder:

( ) To call Dr. Herman Johnson's office (WE 2-6732) for an appointment.

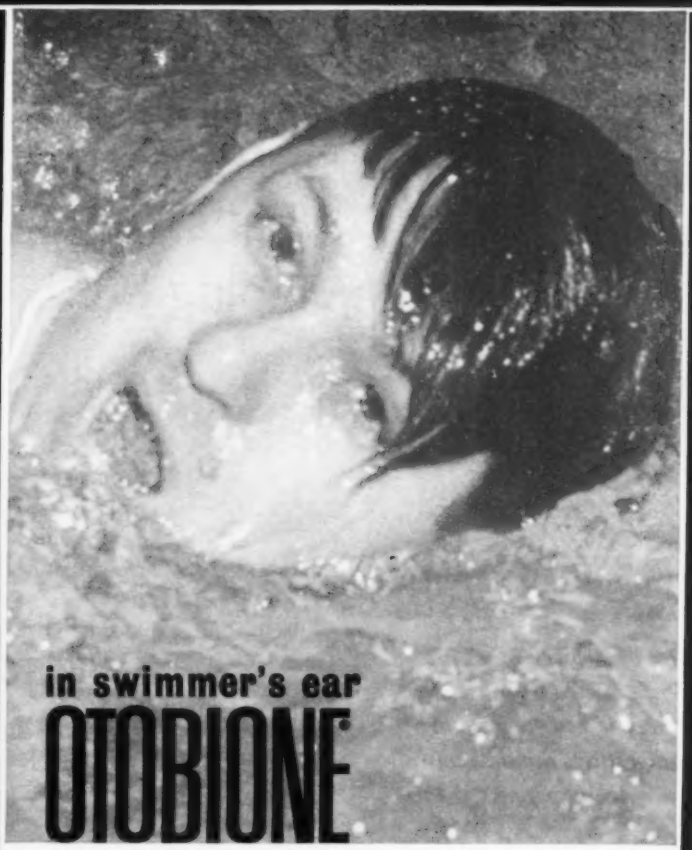
(✓) That you have an appointment with Dr. Johnson at

3pm (time) on Tuesday (day of the week) Aug. 16 (date)

She puts the card into her follow-up file—four days ahead of a definite appointment date, or ten days ahead to allow time for telephone arrangements. That's all there is to it, except for mailing each day's cards (already addressed by the patients themselves) as they come due.

You're doing such people a favor when you notify them that the time has come when they ought to see you again. These patients will recognize your reminder system as the valuable service it is if they're permitted to *ask* for it in the way I've described. END

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What's Your Tipping I.Q.?

Do you tend to over-tip? Under-tip? Or fail to tip where it's customary? These suggestions should keep you from losing money or face

By Louis I. Freed

Not long ago, my family physician—an old friend—dropped in to see me after dinner. He was fuming about a magazine article he'd just read. It said that a survey of U.S. waiters shows they consider doctors the "world's worst tippers."

"Hell!" he exploded. "I've spent a fortune on tips during the last few weeks alone. I usually tip 15 per cent, and never less than 10 per cent. I think most of my colleagues do, too."

Whether the doctor was right or wrong, he isn't exaggerating the importance of the tipping problem. Nobody knows for sure just how much Americans spend

Continued on page 104

THE AUTHOR *has written articles on a wide variety of subjects for many national magazines.*

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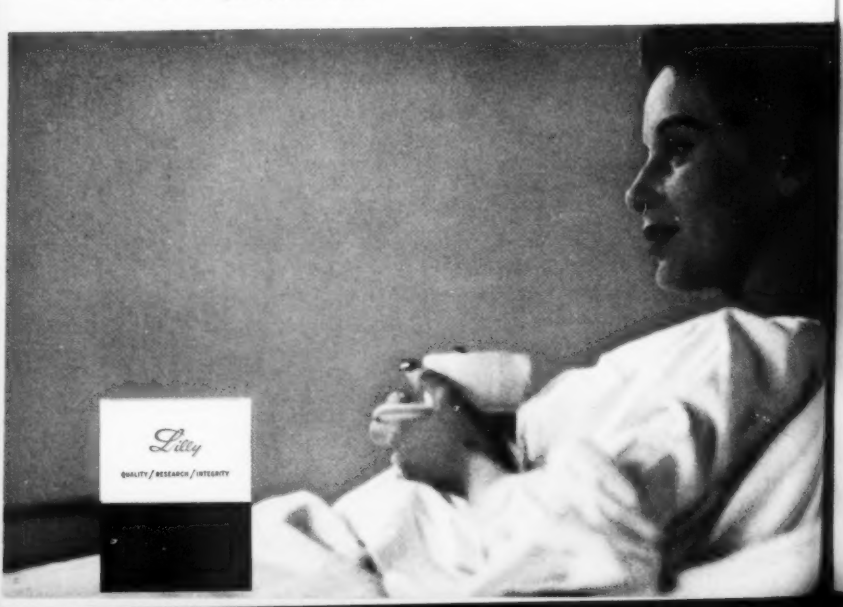
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1. Abrams, A. A.: Personal communication.

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on tips. But the figure certainly reaches hundreds of millions of dollars a year. And in the last decade, the custom has become more firmly entrenched than ever before. As a result, established tipping patterns have developed. Whether you like it or not, you risk embarrassment whenever you tip too little—or even too much—for a given service.

So here's the latest on what, where, and whom to tip. If you use it as a guide, you'll have a better chance of avoiding opprobrium, social ostracism, and despair.

Taxi drivers. In most sections of the country, cab drivers expect 15 per cent of the fare, with a minimum of 15 cents for a trip costing less than $1. For a trip of less than $2 but more than $1, a 30 cent tip is indicated. At least, that's what the American Automobile Association says—and it *is* true of such cities as Boston, Baltimore, Indianapolis, Memphis, and San Francisco.

But beware of tipping that way in New York, Chicago, or Los Angeles. In these three metropolises, it's the custom to give the cabbie more. You might tip

him a quarter for a fare over 50 cents but under $1.50; you might tip him 50 cents for a ride costing over $1.50. Or you might follow the custom of a good many knowing tippers and simply add about 20 per cent to what the meter reads. Of course, if you expect the driver to load and unload heavy bags or a trunk, it's customary to give him a good deal more.

In a vacation area, the size of the tip depends not only on the character of the driver but of the area. For example, the airport cabbie who takes you from Miami International Airport to a swank ocean-front hotel expects to be tipped $1. By the same token, you'd be more generous to a cabbie in flamboyant Las Vegas than you would to an owner-driver in a sleepy summer resort village.

Porters. The tips that Red Caps and baggage porters expect are about the same throughout the country, according to the Association of American Railroads: a quarter a bag. The carting of extra-heavy luggage calls for a bigger tip, of course. Such tips are in addition to the fee charged

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by some terminals—for example, New York City's Grand Central Station.

Sky Caps at airports expect the same amount. But tip them only if they personally carry your baggage to a limousine or taxi.

The Pullman porter is an aristocrat among "service" people. Once you're aboard a train, he's supposed to provide for just about all your needs, the way the perfect "gentleman's gentleman" would. As a result, it's the time-honored custom to give a Pullman porter no less than $1 for an overnight trip, plus an additional quarter for shining your shoes. For a Pullman trip of several days, just multiply $1 by the number of days.

Naturally, if you and your wife have children along who require special attention (bottle-warming or what-have-you), the tip should be higher. *More*▶



"May I wear my Nixon button?"



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Doormen, bellhops, or maids. Doormen are a cunning breed. They're quite capable of giving you some awkward moments if you tip them less than a quarter when they open your car or taxi door. I remember once handing a dime to a doorman when my wife and I arrived at a resort hotel. As a result, we waited outside for several minutes like country bumpkins. Finally I was forced to demand in a loud voice that a bellhop be called.

I've learned that the typical doorman's tip is 25 cents. And if the doorman arranges to have your car garaged and the call-ticket placed in your room-box at the hotel desk, he'll expect an extra 50 cents.

New Scale for Bellboys

Blame inflation if you will, but a spokesman for the American Hotel Association says that bellhops generally now expect a tip of 50 cents for one bag, 75 cents for two, and $1 for three or more. If one bag is exceptionally heavy, you'd better add an additional quarter for the strain.

True, in cities with less than 250,000 population, the bellhop tip rate is less—usually a quarter per bag and a quarter for valet service. But in the big cities, bellboys get paid *each* way for valet service: 25 cents for picking up the garments, the same amount for bringing them back.

Tip Maids, Too

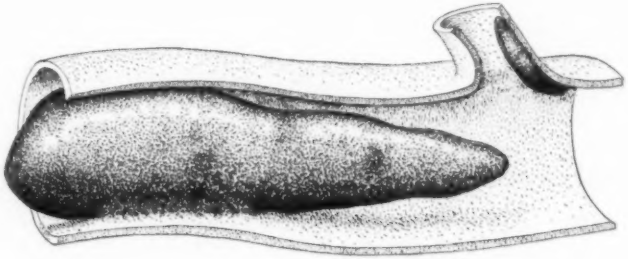
Chambermaids were once the forgotten folk among "service" people. But now they, too, expect tips to supplement their weekly paychecks. Recently, a new custom has grown up—one that chambermaids enthusiastically endorse. It consists of leaving a dollar on the dresser after a few days' stay, and an immediate quarter whenever you ask for some such extra service as another towel or bar of soap. Needless to say, in the better hotels of resort cities like Las Vegas and Miami, the expected tip to the chambermaid is much larger: $1 per day.

Waiters and waitresses. Whether the city they work in is big or small, waiters and waitresses are likely to depend on tips for a liv-

Continued on page 114

Announcing...a new agent for lysis of

VASCULAR THROMBI



THROMBOLYSIN, supplemented by anticoagulant therapy, can greatly reduce mortality and morbidity in thrombophlebitis, phlebothrombosis, pulmonary embolism, and certain arterial thrombi.* Recently formed clots are lysed rapidly, usually in 24 hours.

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early use greatly reduces morbidity and mortality in thrombophlebitis, phlebothrombosis, pulmonary embolism, and certain arterial thrombi

Results of therapy	Bed rest
Effect on intravascular thrombi	 Clot may form permanent obstruction to blood flow. New clots may form.
Effect on pulmonary emboli	 Sudden death from pulmonary embolism is an ever-present hazard. One or more nonfatal pulmonary emboli may result in irreversible lung damage or secondary pneumonia.
Effect on duration of illness and convalescence	 Weeks of hospitalization or bed rest at home are commonly required in the management of thrombophlebitis, phlebothrombosis, pulmonary embolism, and arterial thrombosis.
Frequency and severity of postphlebitic syndrome	 Chronic leg swelling, severe secondary varicose veins, and leg ulcers are common sequelae.



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Anticoagulant + Bed rest	THROMBOLYSIN + Anticoagulant + Bed rest
 Anticoagulants cannot remove formed clot. However, they help prevent its extension and minimize formation of new clots.	 Recently formed intravascular clots are lysed and the formation of new clots is inhibited. Circulation is restored and maintained, with rapid symptomatic relief.
 The careful use of anticoagulants reduces the occurrence of pulmonary emboli.	 The incidence and severity of pulmonary emboli are greatly reduced since THROMBOLYSIN acts to remove thrombi before they can become emboli.
 Thromboembolic illness and convalescence are shortened.	 A striking reduction is observed in the duration of hospital stay, bed rest, and convalescence.
 The incidence and severity of the postphlebitic syndrome are reduced.	 Postphlebitic complications are prevented or greatly minimized.



What is THROMBOLYSIN?

THROMBOLYSIN is Fibrinolysin, Human. It is prepared by activating the profibrinolysin-rich Fraction III – 3 of pooled human plasma with highly-purified streptokinase and then lyophilizing it. THROMBOLYSIN helps restore the natural equilibrium between clot formation and clot lysis, thereby enhancing the ability of the blood to maintain normal flow.

In What Conditions is it Indicated?

THROMBOLYSIN is indicated in thrombophlebitis, phlebothrombosis, pulmonary embolism, and certain arterial thrombi.

*(NOTE: *Successful lysis of thrombi of major cerebral vessels has been reported. However, additional experience is required to define the indications and contraindications of therapy in such patients. THROMBOLYSIN has also been administered to patients with acute myocardial infarction, but the scope of this work is still too limited to permit conclusions about its safety or benefit.)*

When Should Therapy be Initiated?

Treatment with THROMBOLYSIN should be started as soon as possible after a thrombus has formed. Blood clots begin to organize shortly after formation and may become encased in a layer of endothelial cells, making them resistant to the action of THROMBOLYSIN. Usually, more rapid lysis can be expected to take place when treatment is initiated within five days after a thrombus has formed; however, in some cases successful lysis has been accomplished when treatment was not initiated for several weeks after thrombus formation.

Can THROMBOLYSIN be Given to Patients Being Treated with Anticoagulants?

Yes. Patients who have been on anticoagulant therapy can be expected to improve when THROMBOLYSIN is added to their program of treatment.

Does THROMBOLYSIN Increase the Incidence of Embolism?

Clinical studies indicate that it does not. In fact, if any evidence of embolization should appear, it is important to continue THROMBOLYSIN until symptoms have disappeared.

What is the Dosage?

The dosage most frequently used by investigators has been 4 vials (200,000 MSD units) per day by intravenous infusion. This is usually administered by giving 1 vial per hour for 4 consecutive hours. Alternatively, 1 vial (50,000 MSD units) per hour may be given for 2 consecutive hours and repeated in 3 to 6 hours. The dosage range is 1 vial (50,000 MSD units) to 2 vials (100,000 MSD units) an hour, by intra-

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by a new agent

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venous drip, for 1 to 6 hours, depending on the nature of the clot and the response of the patient. Most patients respond in one day; those who do not may require additional doses for three or four successive days.

Patients not under active treatment with anticoagulants at the time of the thromboembolic episode:

New clot formation is unlikely to occur during the administration of THROMBOLYSIN, so that anticoagulants may be unnecessary in this period. However, the fibrinolytic activity of THROMBOLYSIN persists only 3 to 4 hours after cessation of infusion; in patients subject to thrombosis, provision should be made to provide adequate therapeutic anticoagulant effect at this time.

Patients under active treatment with anticoagulants:

Within recommended dosages, THROMBOLYSIN produces only minor alterations in the clotting mechanism: the prothrombin time is generally increased by only a few seconds, the Lee-White clotting time by only 1 to 4 minutes, and the fibrinogen levels generally decrease by about 30 percent of control values. In themselves, these alterations are probably of no clinical significance. In patients on concurrent anticoagulant therapy in whom the clotting mechanism is depressed to midtherapeutic levels, the small additional depression due to THROMBOLYSIN should produce no added danger; however, the addition of THROMBOLYSIN may be hazardous when the therapeutic anticoagulant level already threatens to exceed safe limits.

What Other Precautions are Necessary?

THROMBOLYSIN is contraindicated in the presence of a hemorrhagic diathesis or hypofibrinogenemia. Fibrinolytic activity usually increases spontaneously for a short period after anesthesia or surgery. Therefore, THROMBOLYSIN should be used with caution because lysis of the clots at the operative site may occur.

Bleeding from open wounds or recent operative sites can occur during therapy. Usually this has been observed only in patients receiving both an anticoagulant and THROMBOLYSIN. In such cases, the bleeding was controlled by the use of plasma or whole blood transfusions. A specific antagonist to the anticoagulant may also be used.

What Side Effects May Occur?

Febrile reactions may occur, but these are rarely severe. When they do occur, the temperature usually rises rapidly to a peak, then returns to normal within 24 hours. In some patients, a rise in temperature above 1.5 to 2 degrees F. is accompanied by chills, nausea, vomiting, dizziness, headache, muscle pain, back pain, tachycardia, or hypotension.

How is it Supplied?

100-cc. vials containing 50,000 MSD units.

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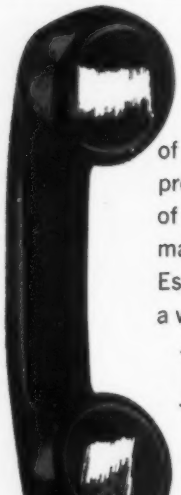
ing. Their wages are often minimal. Thus, the usual gratuity is 15 per cent. In the more swank spots of New York, Los Angeles, Miami, Chicago, and Las Vegas, you're expected to tip 20 per cent or more, depending on the size of your check.

And at de luxe restaurants or nightclubs, it's a good idea to give the head waiter or the maître d'hôtel a dollar for his bowing and finger-snapping, especially if you plan to return soon. If you're willing to part with a five-spot, you can ask for—and get—a special seating arrangement.

You can't do that in a lowly luncheonette. But you're still expected to leave at least a dime, even when the check's under 50 cents.

Bartenders and hatcheck girls. At the better bars in most big cities, it's now the custom to tip up to a quarter a glass. But the small-town barkeep and the barman in the neighborhood tavern normally expect nothing.

The tip you give a hatcheck girl probably ends up in the poc-



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● The low cost, high performing American 613-R Dynaclave assures positive sterilization with pressure steam at 250°F. or 270°F. It is fast, reaching 270° F. in approximately seven minutes.

Operation is fully automatic with selective sterilizing cycles from 3 to 60 minutes. Cools and dries instruments or supplies by exhausting steam and residual water back into water reservoir—NOT into room.

The 613-R, with greater capacity, accommodates three large trays (6″ x 13″). Handsome, all stainless steel construction is durable and easy to clean. Other features include a Safety-Lock Door, Adjustable Thermostat and Accurate Temperature Gauge. Automatically burn-out proof.

See your authorized American Sterilizer dealer or write for Bulletin DC-410.

AMSCO

AMERICAN STERILIZER
Erie • Pennsylvania

IN CANADA: The American Sterilizer Company of Canada Limited, Brampton, Ontario

ket of her boss, a concessionaire. Yet who dares deny her a quarter? And in nightclubs and expensive restaurants, where a package of cigarettes may cost 50 cents, the scantily clad female who peddles them expects to be tipped a quarter.

At sporting events. Ushers at most baseball parks and at New York's Madison Square Garden make a fine gesture of dusting your seat. Tip them 25 cents. Highway robbery? Clubhouse ushers at race tracks expect 50 cents for a similar service.

At Burning Tree Club in Bethesda, Md., where President Eisenhower often plays golf, the caddy service charge is $2.50 for nine holes and $4 for eighteen. Attendants at this club say that the boys who lug the irons around usually get an additional half-dollar for nine and $1 for eighteen holes. At golf courses where there's no fixed caddy charge, the usual tip is $2.50 and $4.

But a Philadelphia doctor I know recently gave a caddy a ten-spot tip. The lad had sug-



aches and pains
and muscle strains
relieved with
DAPRISAL®

'Daprisal' therapy offers more than simple analgesia. Your patients also benefit from the mood-lifting Dexamyl® content (dextro amphetamine and amobarbital) that gives a gentle lift, helps them "keep on the go."

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gested just the right club for a long drive—which resulted in the physician's playing the hole in two under par.

Charter-boat fishing—a sport that's beginning to be increasingly popular with doctors—is another sport that usually entails a tip or two. In addition to the captain, such boats usually carry a mate who helps fix bait or plugs to fishing lines, unhooks caught fish, prepares small snacks, etc. For performing such services, he's often given a $10 bill by the whole party. Sometimes he gets an additional five-spot if he cleans the fish. In boats where the price of standing room is $5 a head, a helpful mate is tipped $1. But under no circumstances is the boat's captain tipped.

Airlines. The most important holdouts against the tipping practice are the airlines. They make a specialty of providing service with a smile without a fee. In its training manual, Eastern Airlines specifically warns its stewards- and stewardesses-to-be: "While you may well be pleased that your efforts have been well received, it will be injurious to your relationship with our passengers if you accept . . . a gift."

The prohibition airlines have against tips applies as well to reservation agents, baggage men, and other personnel (but not to Sky Caps, who are not usually

Hard to cure

The new patient was a little old lady of 86, almost totally deaf. She was screaming her history to me.

"I spent twelve years in Brooklyn Hospital and then two years in Grasslands," she yelled.

I leaned over and bellowed into her one usable ear, "What was the matter with you?"

She screamed back, "I was a nurse!"

—ELLIS M. MARKELL, M.D.



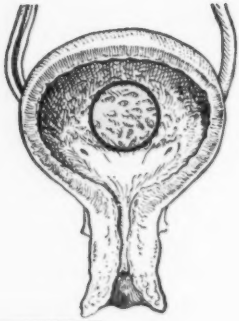
Used in hospitals and doctors' offices for over fifty years as a local and general anesthetic through refrigeration or inhalation, Gebauer's Ethyl Chloride in the 100 gram metal tube is also an important element of the modern doctor's emergency kit. Unbreakable, leakproof, ready for instant use, its finger-tip control valve directs a spray or jet stream depending upon degree of anesthesia desired.

Ethyl Chloride is also available in the dispenseal amber bottle with its choice of three nozzle openings: fine, medium or coarse jet spray. Widely used as a local anesthetic for minor surgical procedures and the alleviation of needle pain during hypodermic injections, Gebauer's Ethyl Chloride is guaranteed to retain its purity and remain unchanged indefinitely. Gebauer Chemical Company, 9410 St. Catherine Ave., Cleveland 4, Ohio.

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FLURO-ETHYL

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GEBAUER
CHEMICAL COMPANY

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ACUTE

CYSTITIS

Responds Rapidly to Antiseptic, Soothing

URISED®

SIMPLE, ACUTE or isolated urinary tract infections readily yield to antibacterial-spasmolytic URISED. Acute cystitis or urethritis symptoms vanish within three days . . . urine clears within five to ten days.

No side effects were reported in recent evaluations of URISED in over 200 cases. On the contrary, URISED is soothing, relaxing to the urinary visceral muscles.

URISED controls pain while normalizing urination and producing antisepsis. Each URISED tablet contains: atropine sulfate 1/2000 gr.; hyoscyamine 1/2000 gr.; gelsemium, methenamine, methylene blue, benzoic acid, salol.

For starter prescription supplies for many patients just send this coupon.

Chicago Pharmacal Company
5547 N. Ravenswood Ave. ME-7
Chicago 40, Illinois
Gentlemen: Re: Starter Rx Supply

Dr._____

Address_____

City_____State_____

airline-employed. So if you're taking a plane trip, don't try to tip. Just write a complimentary letter, if you feel the need.

On an ocean liner. If you're going abroad, ask your travel agent about tipping practices in the countries you plan to visit. They vary widely. But there *are* standard tipping patterns.

The room steward gets $1 a day per person, with extras for special services. The same tipping rate goes for the dining room steward, with extras when they're indicated. The deck steward is usually tipped a dollar for arranging a chair and rug or blanket, and 50 cents for any other kind of service you request. None of the other ship personnel necessarily expect a gratuity. But remember to give the longshoreman who loads or unloads your luggage $2—more if the baggage includes a trunk or two.

A miscellaneous assortment of others who expect tips:

▶Barbers. They usually get 25 cents or 35 cents for a haircut nowadays—more if you also have a sun lamp and a facial.

▶Furniture movers. Tip them $2 to $5 a man. If the job is a big

in contraception...



why is speedier spermicidal action important?

Because a swift-acting spermicide best meets the variables of spermatozoan activity. Lanesta Gel, "... found to immobilize human spermatozoa in one-third to one-eighth the time required by five of the leading contraceptive products currently available..."* thus provides the *extra* margin of assurance in conception control. The accelerated action of Lanesta Gel – it kills sperm in minutes instead of hours – may well mean the difference between success and failure.

*Berberian, D. A., and Slighter, R. G.: J.A.M.A. 168:2257 (Dec. 27) 1958.

Lanesta Gel with a diaphragm provides one of the most effective means of conception control. However, whether used with or without a diaphragm, the patient and you, doctor, can be certain that Lanesta Gel provides faster spermicidal action – plus essential diffusion and retention of the four spermicidal agents (*7-chloro-4-indanol,* ricinoleic acid, sodium lauryl, sulfate, sodium chloride) in a position where they can act upon the spermatozoa.

Supplied: Lanesta Exquiset ... with diaphragm of prescribed size and type; universal introducer; Lanesta Gel, 3 oz. tube, with easy clean applicator; in an attractive purse. Lanesta Gel, 3 oz. tube with applicator; 3 oz. refill tube – available at all pharmacies.

new **Lanesta®** **Gel**

A product of Lanteen® research.

Manufactured by Esta Medical Laboratories, Inc., Alliance, Ohio
Distributed by GEORGE A. BREON & CO., New York 18, N. Y.

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one, they may expect to be offered a drink, too.

▶Parking-lot attendants. Where tips are expected, 25 cents is the standard fee.

▶Ladies'-room and men's-room attendants. The going rates are 25 cents to 50 cents for the ladies, a quarter for the men.

▶ Shoeshine boys. The tip is still a dime. But muttering and glowering looks are already evident. So if you have a "regular," why not make it 5 cents more?

▶Superintendents of buildings, elevator operators, and delivery men. Payments to these people are a personal matter, usually made for specific services. Follow your own judgment in deciding when and how much to tip them.

No matter how you look at it, tipping will always present a problem to your pocketbook. But it needn't be a *social* problem if you make some effort to tip within the bounds of accepted patterns. Even if you don't, in fact, it's your own business. There's no law that says you must! END

Prefabricated
(yet highly individual)
Medical Buildings
— ever considered one for your practice?

Marshall Erdman and Associates is the nation's leading designer and builder of prefab medical buildings.



Over 275 doctors now practice in Erdman medical buildings.

• *Attractive, efficient*

A medical building must be efficient and engineered to make the best use of space, allowing free flow of traffic. Erdman medical buildings are the result of years of research, yet each one is individual in design, planned especially for the selected site.

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Erdman buildings save much in costs, minimize construction time because of standardized units, mass-produced parts and materials, and experienced specialist craftsmen. For further information, write Marshall Erdman and Associates, Inc., 5117 University Ave., Madison 5, Wis.

first choice for MIGRAINE
recurrent, throbbing "sick" headaches...

CAFERGOT®



When the headache is associated with nervous tension and G.I. disturbance:

CAFERGOT P-B TABLETS: ergotamine tartrate 1 mg., caffeine 100 mg., Bellafoline 0.125 mg., pentobarbital sodium 30 mg. Dosage: 2 at first sign of attack; if needed, 1 additional tablet every ½ hour until relieved (maximum 6 per attack).

CAFERGOT P-B SUPPOSITORIES: ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg. Dosage: 1 as early as possible in attack; second in 1 hour, if needed (maximum 2 per attack).

CAFERGOT TABLETS: ergotamine tartrate 1 mg., caffeine 100 mg. Dosage: same as Cafergot P-B Tablets.

CAFERGOT SUPPOSITORIES: ergotamine tartrate 2 mg., caffeine 100 mg. Dosage: same as Cafergot P-B Suppositories.

For a new brochure on Migraine and Tension Headaches, reviewing clinical reports on diagnosis and therapy, write: Sandoz, Hanover, N. J.

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NEW ORAL ANTIHISTAMINE/NASAL DECONGESTANT

IN POLLENOSIS

EFFECTIVELY RELIEVES NASAL BLOCKAGE AND OTHER HAY FEVER SYMPTOMS



■ **Helps to correct "nose drop addiction cycle"** ■ **Prolonged relief of nasal and sinus congestion, without rebound effect** ■ **Prompt alleviation of rhinorrhea, sneezing, lachrymation** ■ **Virtually no central nervous system stimulation** ■ **Dual decongestant-antihistamine action**

These therapeutic benefits are achieved through the complementary action of Disomer, White's new, high therapeutic-index, low side-effect antihistamine, and d-isoephedrine, an orally effective and well tolerated nasal decongestant. In over 1400 clinical cases Disomer has demonstrated 94.7% safe antiallergic effectiveness, while d-isoephedrine has been shown to provide gentle, sustained vasoconstricting action.

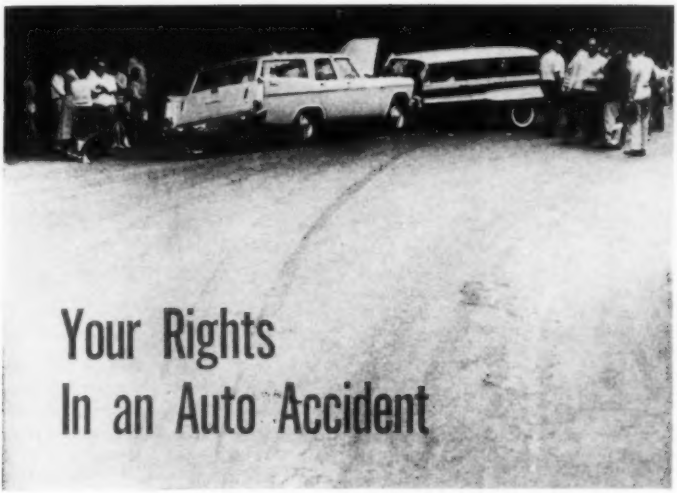
DOSAGE: Adults and older children: One tablet 4 times a day. Occasionally, two tablets 3 times a day may be required. **Children, 6 to 12 years of age:** One-half tablet four times a day.

FORMULA: Each scored tablet of Disophrin contains: Disomer (dexbrompheniramine maleate), 2 mg., and d-isoephedrine sulfate, 60 mg.

AVAILABILITY: Disophrin is supplied in bottles of 100 scored tablets.

White WHITE LABORATORIES, INC., Kenilworth, New Jersey

DISOPHRIN®



Your Rights In an Auto Accident

Don't forget that you do have rights as well as obligations. If you're lucky, you'll never need these tips. But store them away in your memory—just in case

It rained most of the night. You drive through a big puddle as you approach a traffic light on your way to the office. Without warning, your brakes fail to hold on one side . . . too wet. You strike the car ahead a skidding blow. You're not hurt, and neither is the other driver. But you've made a mess of his car and yours.

If you're like most people, you'll suddenly wish you were somewhere else. An accident is a bad moment for any driver. But it *can* happen to you, and not always through anyone's fault. So what do you do when the lightning strikes?

You're no doubt aware of your *obligations* in an accident: to stop, to give any emergency care

that's needed, to notify the authorities, and to get help. In most states, you must also report any injuries or damage to the state motor vehicle bureau.

But what are your *rights* in such a case? What protection do you have, especially when you're in a mess that seems to have been your fault?

Your specific rights under the law vary widely in different states —so much so that a uniform traffic code covering the entire country is an urgently needed improvement. Local statutes govern the situation, too. But whatever the statutes say, an automobile accident case is basically governed by two types of law: (1) civil, meaning a dispute with another person; and (2) criminal, since traffic violations are

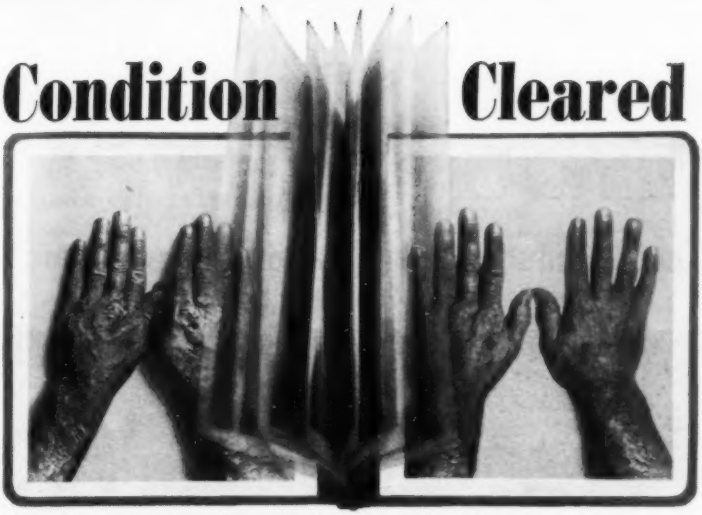
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What to Do at the Accident Scene

Even if you're fortunate enough not to get hurt in the accident, you may suffer pain later on unless you follow these rules:

1. Stop.
2. Give emergency care to anyone who's injured.
3. Stay at the scene until the police let you leave.
4. Get the names, addresses, and phone numbers of other drivers, passengers, witnesses, police officers.
5. Call your insurance company.
6. Don't discuss the accident. Above all, don't argue about who was at fault.
7. Don't be in any hurry to sign up for towing or repair work, unless you know the people involved; and don't waive your claims under an insurance policy.
8. Ask about the laws on reporting accidents in the area, and comply with them.
9. Call in an attorney if you're accused of violating a law. You have the legal right to counsel anywhere in North America.

Condition Cleared



Chronic eczematous dermatitis **9 days later**

Kenalog, a synthetic corticosteroid, provides dramatic relief and control of many common dermatologic disorders. Even chronic, therapeutically refractory conditions, unresponsive to other topical steroids, are often favorably influenced with Kenalog. The powerful anti-inflammatory and antipruritic action of Kenalog produces prompt, satisfying relief of itching and burning. Treatment can proceed without interruption because topical Kenalog is well tolerated . . . systemic toxicity unobserved . . . electrolyte balance undisturbed.

Kenalog

Squibb Triamcinolone Acetonide

---

for extra protection against infection

Kenalog-S

Squibb Triamcinolone Acetonide with Neomycin and Gramicidin (Spectrocin)

A clinically superior topical corticoid with added protection against bacterial infection to rapidly relieve itching, inflamed or infected skin lesions.

Supply: Kenalog Cream, 0.1% — 5 Gm. and 15 Gm. tubes. Kenalog Lotion, 0.1% — 15 cc. plastic squeeze bottles. Kenalog Ointment, 0.1% — 5 Gm. and 15 Gm. tubes. Kenalog-S Lotion, 7.5 cc. plastic squeeze bottles. Kenalog-S Ointment, 5 Gm. and 15 Gm. tubes. Kenalog-S Cream, 5 Gm. and 15 Gm. tubes. *New:* Kenalog Spray, 50 Gm. and 150 Gm. containers of 3.3 mg. and 10 mg. triamcinolone acetonide, respectively.

'KENALOG'® AND 'SPECTROCIN'® ARE SQUIBB TRADEMARKS.

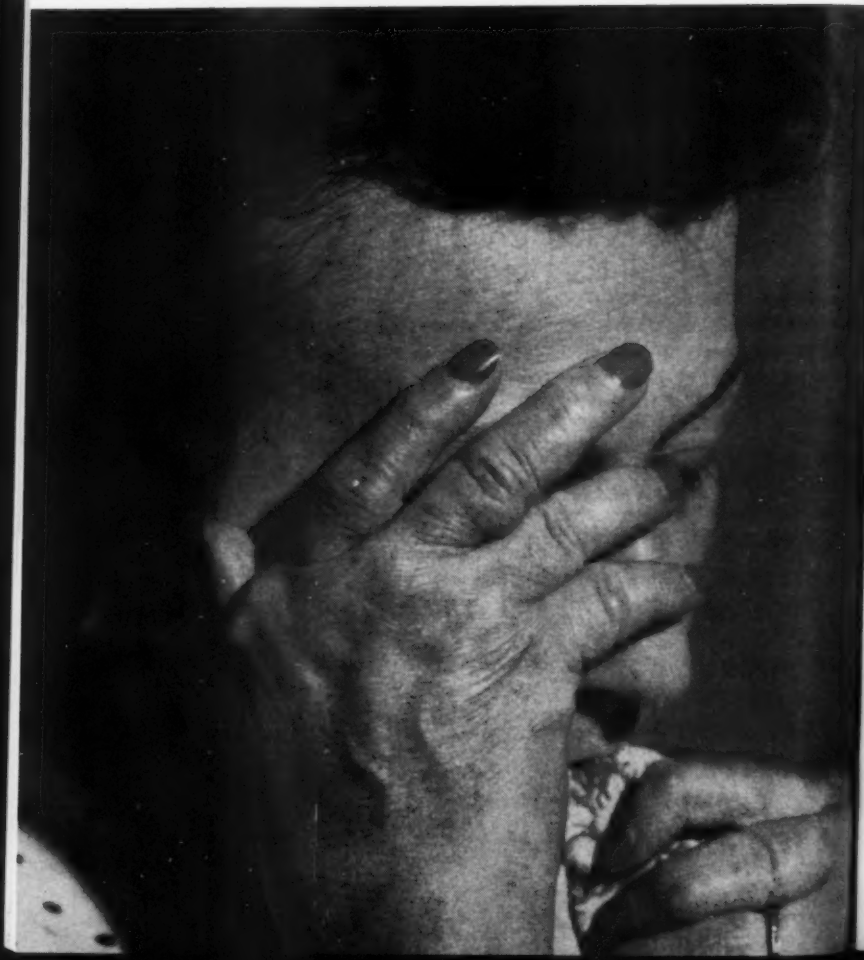
SQUIBB *Squibb Quality—the Priceless Ingredient*

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NEW for arthritics

SOMAcort

eases pain • reduces inflammation • relaxes muscles



More complete freedom from pain
Increased range of comfortable activity
With reduced steroid dosage

New therapy for acute and chronic arthritics, offering:

Effective analgesic / muscle relaxant action with unique Soma™

pain eases — rapid analgesic action provides long-lasting pain relief at rest and in motion.

muscles relax — prompt muscle relaxant action relieves muscle spasm and protects against spasm-induced disabilities.

Potent anti-inflammatory action with trusted prednisolone

inflammation subsides — reliable anti-inflammatory action reduces swelling, tenderness, stiffness and pain, with reduced steroid dosage for safer long-term use.

continuous anti-inflammatory action halts inflammation-induced joint damage.

USUAL DOSAGE: One or two SOMACORT tablets four times daily.

SUPPLIED: As white, scored tablets each containing 350 mg. SOMA (carisoprodol) and 2 mg. prednisolone. Bottles of 50.

SOMAcort™

(carisoprodol, Wallace, with prednisolone)

Free literature and samples on request.

WALLACE LABORATORIES, Cranbury, N. J.

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classed either as misdemeanors or felonies against the state.

The distinction is important. Under civil law, what you say *to the other driver* may have a vital bearing on the outcome of your case. Under criminal law, it's what you say *to the police* that largely counts.

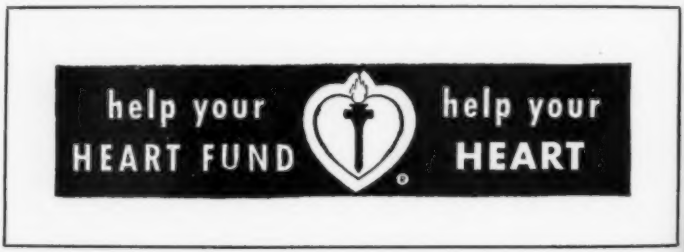
For this reason, your first step is to take command of your tongue and your temper. Discuss the accident—and especially your part in it—as little as possible with the other driver. Engage in no fruitless argument about who's to blame. Simply get names, addresses, license numbers, etc., of the other driver, passengers, and witnesses. And make a note of the time of day, weather, and other circumstances.

Questions put to you by the police should be answered clearly and in detail. It isn't the policeman's place to pass judgment. He's supposed only to gather facts impartially and to take action if there has been a violation of law. So you'll come out better if you stick to the facts and avoid opinions.

While you can't legally be required to testify against yourself in a criminal case, the policeman may be an important witness. It's possible that whatever you tell him may be repeated in court. As for money damages, however, they're a civil matter between you and the other driver.

Now for your specific rights:

Regardless of who's at fault in the accident, you have the right to safeguard your own property—in this case, your car and its contents. It's the obligation of



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to be sure she sleeps

SECONAL® SODIUM insures needed rest . . .

When you feel that your patient *must* have rest, Seconal Sodium often provides the welcome solution. It is both the *fastest* and the *shortest-acting* oral barbiturate you can prescribe. Whether the problem is simple insomnia or anxiety over a surgical ordeal soon to come, Seconal Sodium induces the sound sleep you want your patient to have. The usual hypnotic adult dose is 1 1/2 grains.

Seconal Sodium is available in 1/2, 3/4, and 1 1/2-grain Pulvules®. It is also supplied as ampoules, powder, suppositories, and Enseals® and as Elixir Seconal®.

Seconal® Sodium (secobarbital sodium, Lilly)
Enseals® (timed disintegrating tablets, Lilly)
Seconal® (secobarbital, Lilly)

Lilly
QUALITY / RESEARCH / INTEGRITY

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022008

the police to give you this protection. No one may remove the car from the scene without your approval (though the police may move it out of the way of traffic).

It's No Time to Sign

You also have the right to refuse to sign your name to any document whatsoever. You'll do well to avoid signing any papers at the scene, particularly if they are offered by a tow-truck operator who just "happens" to arrive. You may find to your dismay that you've not only authorized him to tow the car away but to repair it, too. This could nullify your right to reimbursement from the insurance company.

A legitimate towing outfit will (1) move the car out of traffic as ordered by the police; (2) tow the car anywhere you say, charging by the mile; (3) store the car in its own garage if you so direct; and (4) while it's there, make an *estimate* of repairs at no charge.

No one, not even your insurance man, can order repairs unless you authorize them. It's your car. So here's another of your rights: You have the right to refuse payment if anyone fixes anything without a written order from you.

Then, too, you have the right —*and* the duty—to notify your insurance man immediately, no matter how slight the damage. Often he'll come to meet you at the accident scene. He can help you and guide you in safeguarding your rights and property. But it's *not* his job to aid you in any case of law violation.

Keep in mind that the insurance company is a third party, not a principal in case of dispute. Claims of damage or injury to others in the accident will be directed against *you*, and the amounts will be decided by agreement or by court action. You then have a claim on the insurance company to make good.

Settle on the Spot?

It's generally not advisable to "adjust" an insurance claim by signing a waiver on the spot. What appear to be trivial damages or injuries may turn out to be more serious later on. There's lots of time. Take it.

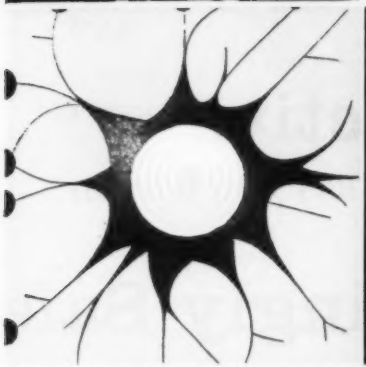
Continued on page 136



whenever depression complicates the picture

Tofrānil®

brand of imipramine HCl



hastens recovery

Geigy

In many seemingly mild physical disorders an element of depression plays an insidious etiologic or complicating role.

Because of its efficacy as an antidepressant, coupled with its simplicity of usage, Tofrānil is admirably adapted to use in the home or office in these milder "depression-complicated" cases.

It is always wise to recognize that depression may be an underlying factor... that Tofrānil may speed recovery in "hypochondriasis"; in convalescence when recovery is inexplicably prolonged; in chronic illness with dejection; in the menopausal patient whose emotional disturbances resist hormone therapy; and in many other comparable situations in which latent depression may play a part.

Detailed Literature Available on Request

Tofrānil®, brand of imipramine hydrochloride, tablets of 25 mg. Ampuls for intramuscular administration, 25 mg. in 2 cc. of solution

Geigy, Ardsley, New York

160-60

XUM

Proven

in over five years of clinical use and more than 750 published clinical studies

Effective

for relief of anxiety and tension

Outstandingly Safe

- simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
- no cumulative effects, thus no need for difficult dosage readjustments
- does not produce ataxia, change in appetite or libido
- does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
- does not impair mental efficiency or normal behavior

XUM



for the tense and nervous patient

Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Generically and under the various brand names by which it is distributed, meprobamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

The reasons are not hard to find. Miltown is a *known* drug, evaluated in more than 750 published clinical reports. Its few side effects have been fully reported; there are no surprises in store for either the patient or the physician. It can be relied upon to calm anxiety and tension quickly and predictably.

Usual dosage: One or two 400 mg. tablets t.i.d.
Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS®—400 mg. ***unmarked,*** coated tablets.

Miltown®
meprobamate (Wallace)

WALLACE LABORATORIES / *New Brunswick, N. J.*

CM-2054

Can you be arrested or detained by the police following an accident? If there's strong evidence that you've violated one or more local driving laws, you may be taken before a justice of the peace, magistrate, or similar official for a hearing. He may issue a summons for you to appear in court later.

To make sure this summons is obeyed, a court may demand bail. Unless you have the cash required, you'll have to purchase bail from a bondsman. Bail-bond insurance is included in many automobile policies and in nearly all automobile club memberships. The unhappy alternative: to remain in jail until your scheduled appearance for trial at some later date.

If there's no apparent violation of law on your part, and if it's pretty plain that the other driver was at fault, you have the



"The doctor should be here any minute now. I'm his management consultant."

without touch,

METI-DERM AEROSOL

Schering

prednisolone topical

relieves itch, inflammation of dermatitis • no spreading, no rubbing • in pocket-size or larger container • also available with Neomycin

look! no hands!

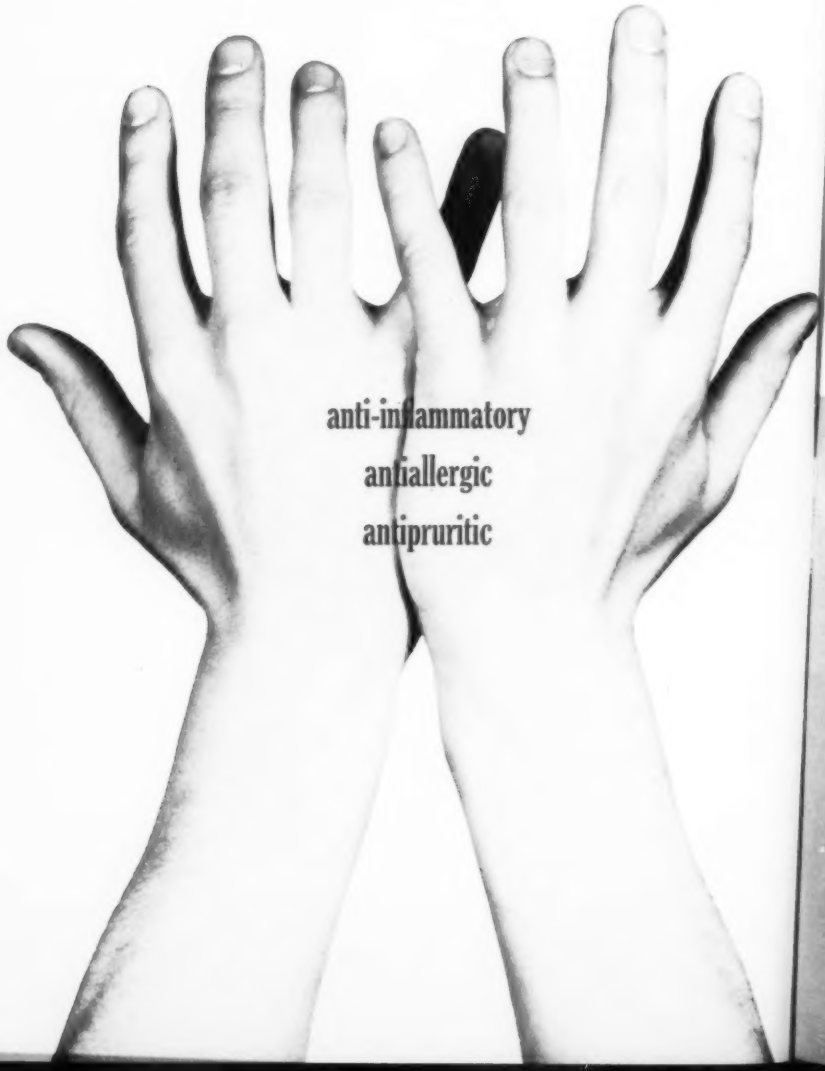
when spread on,

Schering

METI-DERM® CREAM

prednisolone topical

effective when other therapies fail • in skin disorders responsive to topical steroids • also available as METI-DERM Ointment with Neomycin



legal right to recover the costs of your automobile repairs. This matter can often be settled out of court by the respective insurance companies. You reserve the right, of course, to disagree with any settlement you consider unfair.

You have the right to collect from the driver at fault even if he leaves the state. But you may have to sue him in *his* state to collect. And in Canada, the Royal Canadian Mounted Police may impound a car belonging to a visiting U.S. citizen until the facts of an accident are cleared up (which may take several days). These are additional reasons for obtaining full information about the other driver and car owner.

Since accidents are such complicated affairs, the best thing to do is avoid them. Sometimes, though, they're unavoidable—which is why you can be sure you're getting your money's worth when you buy auto insurance. END

THIS ARTICLE *has been drawn by permission from the Ford Motor Company's "Buyer's Digest of New Car Facts for '69."*

Everything under control...including the temperature with

Tylenol®

first liquid pediatric antipyretic/analgesic



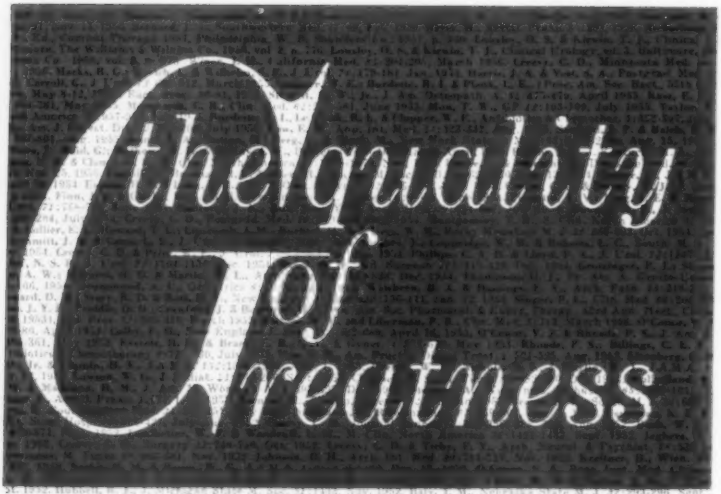
Tylenol® *Acetaminophen* brings fever and pain under control quickly, safely... well liked by children.

Tylenol Elixir—120 mg. per 5 cc.
Tylenol Drops—60 mg. per 0.6 cc.

McNEIL

McNEIL LABORATORIES, INC.
Philadelphia 32, Pa.

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REPORTS IN HUNDREDS OF LEADING JOURNALS AND SCORES OF STANDARD TEXTBOOKS REFLECT THE POSITION OF GANTRISIN AS A DRUG OF CHOICE IN GENITOURINARY INFECTIONS: PYELONEPHRITIS/CYSTITIS/PROSTATITIS URETHRITIS/PUERPERAL INFECTIONS

Gantrisin®

THE RELIABLE
HIGHLY SOLUBLE SULFONAMIDE
COVERS THE PREDOMINANT PATHOGENS
ASSURES SAFETY
PROVIDES ROUTINE PROPHYLAXIS

ROCHE LABORATORIES *Division of Hoffmann-La Roche Inc/Nutley 10/N. J.*

What to Do When You Get A Rubber Check



If it isn't made good, you can sue for your money, of course. But if you threaten the check passer, you may get in trouble

BY ALLAN J. PARKER, LL.M.

My old friend and client Dr. Strong looked angry when he strode into my office a few days ago. "How do I swear out a warrant?" he asked.

"What's the matter?" I said.

He reached into his pocket and drew out a $50 check made out to his order. Stapled to it was a "Returned for insufficient funds" form. "This is the third rubber check I've had from this patient!" the doctor exclaimed. "I'm sick of such dishonesty."

"Are you sure it's dishonesty?" I asked. "Some people are just plain careless."

"Not this one," he replied. "I phoned him, and he began by apologizing for the error. But he finally admitted he just doesn't have enough funds to cover my bill. 'You want your money? Sue me!' he said."

The doctor paused for breath. Then he said: "So I blew my

THE AUTHOR *is a member of the New York bar.*

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stack. 'Look,' I told him, 'you make that check good within a week, or I'll have you prosecuted.' There *are* laws making it a crime to pass a bad check, aren't there?"

Press Charges?

"Yes," I told him. "It's a misdemeanor in most states to write a check *knowing* that there aren't sufficient funds to pay it. The key word in all such laws is 'knowing,' or 'willful,' or something similar. If this fellow knew he didn't have enough money in the bank, he's guilty of a crime, even if he eventually makes the check good. But it's hard to *prove* dishonest intent in a case like this. Are you really prepared to press your charges? It can become a tiresome business, you know. The prosecuting attorney's office doesn't want to act as a kind of super-collection agency."

The doctor had calmed down. "Oh, I don't think the man is really a crook," he said. "He's irresponsible, that's all. But I do think he should be made to pay his bills."

"All right," I said. "Then, if you don't want to have him prosecuted for a crime, you can take your case to the small-claims court. While professional men usually hesitate to sue for small fees, that's what *I'd* do under these circumstances. But there's one thing I *wouldn't* do: I would not threaten the man, as you say you did.

It's Blackmail

"New York State, like many other states, considers such a threat criminal. In other words, if you threaten to charge a person with a crime unless he pays your bill, you may be held guilty of blackmail.

"In a recent case, a supermarket manager caught a shoplifter and threatened to turn him over to the police unless he'd sign a promissory note for the amount he was accused of stealing—not just then, but at other times, too. The manager was convicted of blackmail, even though the shoplifter was clearly guilty."

"Ouch!" said Dr. Strong. "I'll be more careful in the future. But tell me: Do you think I stand a

Continued on page 144

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chance of getting my $50 if I sue for it?"

"Yes. Under the circumstances, you can probably get a judgment against him. This doesn't guarantee that you'll get your money—but the judgment will be in force for up to twenty years, which will increase your chances."

"And if I don't get the money, I *can* take a tax loss for it, can't I?" said Dr. Strong, philosophically. "After all, it's a bad debt."

"I'm afraid not," I answered. "A bad debt loss can be taken only where you've actually parted with something. From a tax standpoint, of course, you don't have to consider this $50 as income, since you never received it. But you can't take it as a tax deduction, either."

Dr. Strong shook his head. "From everything you've said," he observed, "it seems to me that it isn't the rubber check that bounces. It's the poor fellow who's unlucky enough to get one!"

"Not really," I said, smiling. "The habitual offender and the true thief seldom get away with it for long, I suppose. But most rubber checks are mistakes, not crimes. The banks say that more than 99.5 per cent of all such checks are made good. Haven't you found that to be true in your own experience?"

"Come to think of it, I have," the doctor concluded. END

Total eclipse

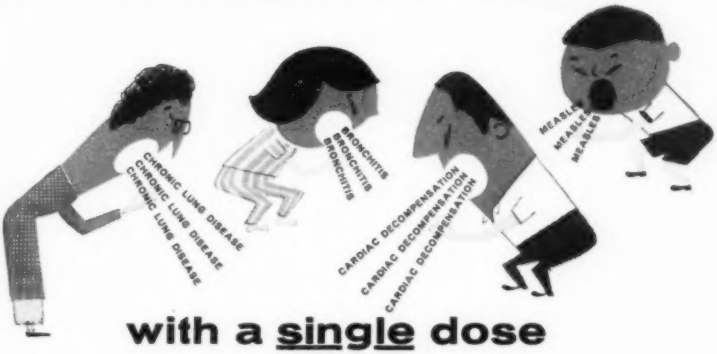
After I'd finally managed to give a struggling 5-year-old a shot of penicillin in the buttock, she turned to her mother and screamed: "I don't like *you* or *Daddy* or *Brother* or *Sister* or the *doctor* or *God*! I don't like *Santa Claus*, either!"

—WILLIAM J. MC ANALLY JR., M.D.

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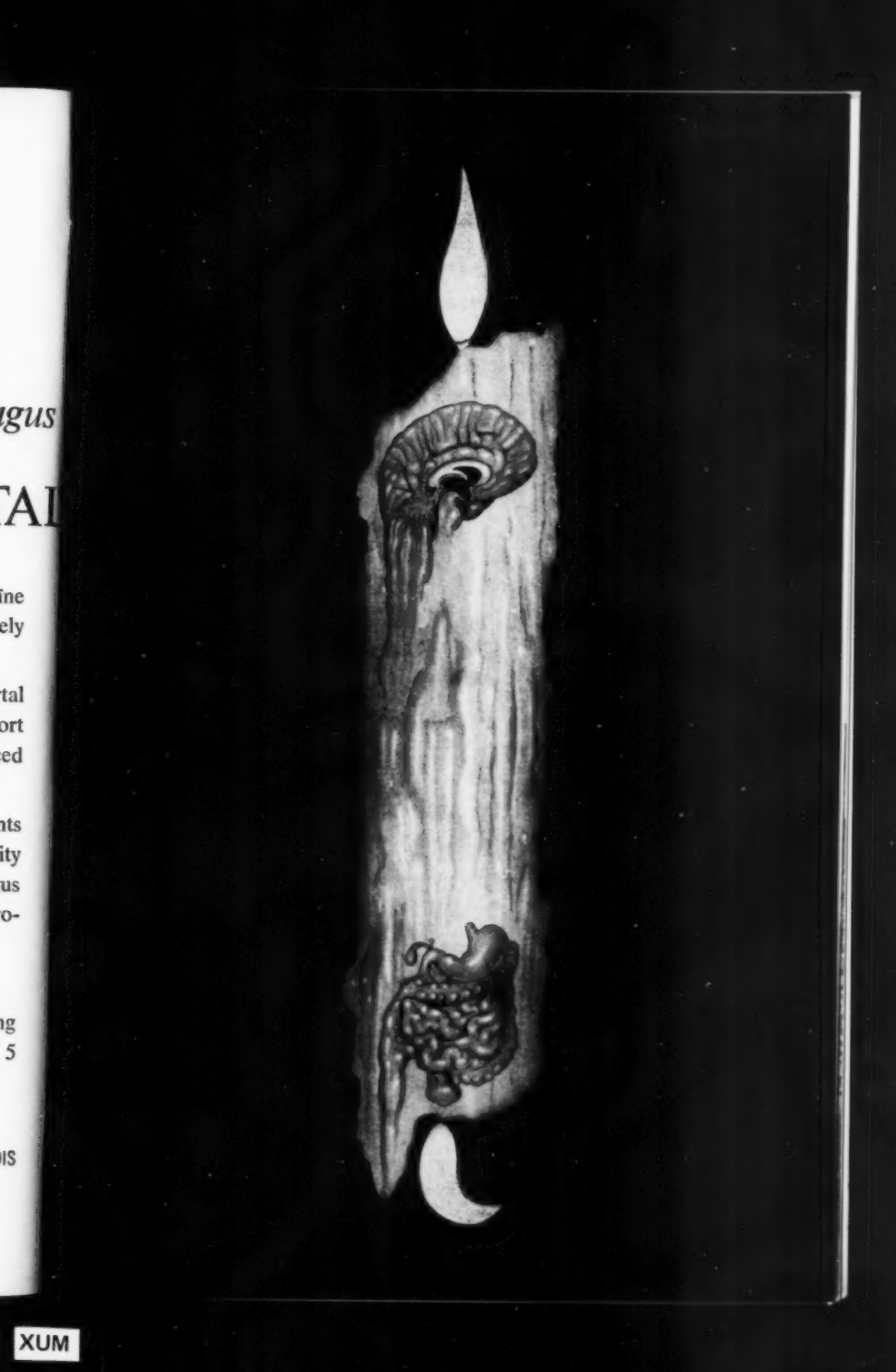
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1. Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, 1958.
2. A.M.A. Council on Drugs: New and Nonofficial Drugs, J.A.M.A. 171:891, 1959.
3. A.M.A. Committee on Toxicology: Accidental Iron Poisoning in Children, J.A.M.A. 170:676, 1959.

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What Preferred Stocks Offer You

In an uncertain market like this year's, it's often smart to put some capital into issues that get a prior share of company profits. Here's why

BY RALPH J. SEYMOUR

"Preferred stocks? What can they do for you?" a physician said to me the other day. "They're for widows' and orphans' trust funds!"

Most small investors seem to agree with the doctor. This nearly universal feeling is one reason why such stocks have long seemed the unwanted stepchildren of the investment family.

The time has come to re-examine that attitude. When business horizons turn cloudy, preferred stocks have much to offer. They may deserve a place in your own portfolio. To see why, let's review the basic characteristics of preferred stocks.

Briefly, they're a hybrid—a cross between bonds and common stock. Like bonds, they pay a fixed return. The amount is specified on the face of each stock certificate, either in dollars or as a per cent of the share's par value. Like bondholders, the owners of preferred shares have priority over the owners of the common stock in claims on the assets of the company. (Some classes of preferred take prece-

THE AUTHOR *is a Washington, D.C., economist and investment consultant.*

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dence over others issued later by the same company. The former are then designated as Prior Preferreds, Class A Preferreds, and so forth.)

But it's their prior claim on the company's *earnings* that gives preferred stocks not only their name but their real importance to investors. Preferred stockholders must be paid their promised returns in full before owners of the common stock can receive any dividends.

On the other hand, a preferred is more like a common stock than a bond in that its claims are subordinate to those of the company's bonds. The owner of a preferred stock doesn't get any dividends until the bondholders have received their interest. As a result, he's out of luck when the earnings of a business aren't great enough to pay both a dividend on the preferred and interest on bonds.

But any such loss of income is

Fourteen High-Yielding Cumulative Preferreds

	Annual Dividend	1960 Price Range High	Low	Recent Price	Current Yield
American Tobacco Co.	$6.00	125¾	117	122¾	4.9%
Bethlehem Steel Corp.	7.00	145¼	138¼	142	4.9
Consolidated Edison of N.Y.	5.00	100¾	96¼	100	5.0
Continental Baking Co.	5.50	104¾	101	102½	5.3
General Motors Corp.	5.00	106⅜	100½	105	4.8
Gimbel Brothers	4.50	92½	88	92½	4.8
Jewel Tea Co.	3.75	79½	76½	79½	4.7
Koppers Co.	4.00	82¼	77	78½	5.1
Northern States Power	4.16	85½	80	83⅛	5.0
Oxford Paper Co.	5.00	90½	85	90¼	5.6
Reynolds Metals Co.	2.37½	47½	42½	46½	5.1
Sunray Mid-Continent Oil Co.	1.12½	23¼	21½	22¾	4.9
Tidewater Oil Co.	1.20	23⅜	21	22	5.5
United States Steel Corp.	7.00	145½	139½	141¾	4.9

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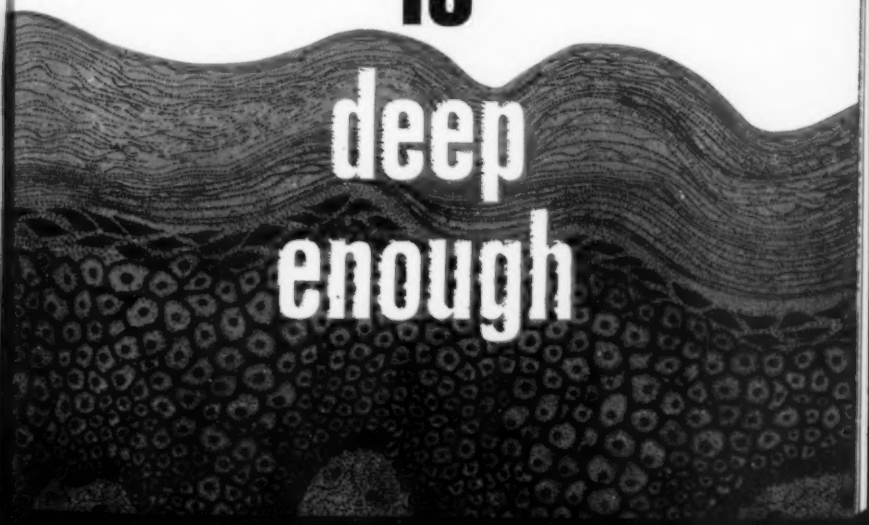
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"Premarin" Intravenous (conjugated estrogens, equine) package contains one "Secule" providing 20 mg., and one 5 cc. vial sterile diluent. (Dosage may be administered intramuscularly to small children.)

1. Randall, L. M. 2. Reich, W. J., Rubenstein, M. W., Nechtow, M. J., and Reich, J. B. (literature available on request).

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usually temporary. Chances are that the company will make it up to the preferred stockholders at a later date. That's because most of the 600 preferred issues listed on stock exchanges or regularly traded over-the-counter have a cumulative feature. Corporations issuing such cumulative preferreds continue to owe any skipped dividends until they're paid.

Such unpaid debts may be carried over from year to year, indefinitely. If a company can't meet current obligations to its preferreds in the following fiscal period, the amount of the later default is added to the first until it's in a position to pay up.

Some companies with chronic earnings problems are in arrears on their preferred stock by quite large amounts. Occasionally the indebtedness is far greater than the market value of the shares. For example, Consolidated Railroad of Cuba owes $166 on each share of its $6 preferred.

That's the worst of the story, though. The vast majority of companies strive mightily—and successfully—to keep dividends on their cumulative preferreds

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paid up. Their managements have a powerful incentive: Holders of common stock can't share in company profits until all arrearages are eliminated .

Because of stockholder pressure and industry's general prosperity, the number of companies now in arrears on cumulative preferreds is small. A recent check of stocks listed on the exchanges or sold over-the-counter turned up fewer than forty.

One company that would have been on such a list last year is the Hotel Corporation of America. A year ago, arrears on its $25-par, 5 per cent cumulative preferreds amounted to more than $8. (It's supposed to pay $1.25 a year.) But a surge in earnings enabled the company to clean up the debt to its preferred shareowners. Now the directors of the company may be in a position to declare a dividend on the common for the first time since 1931.

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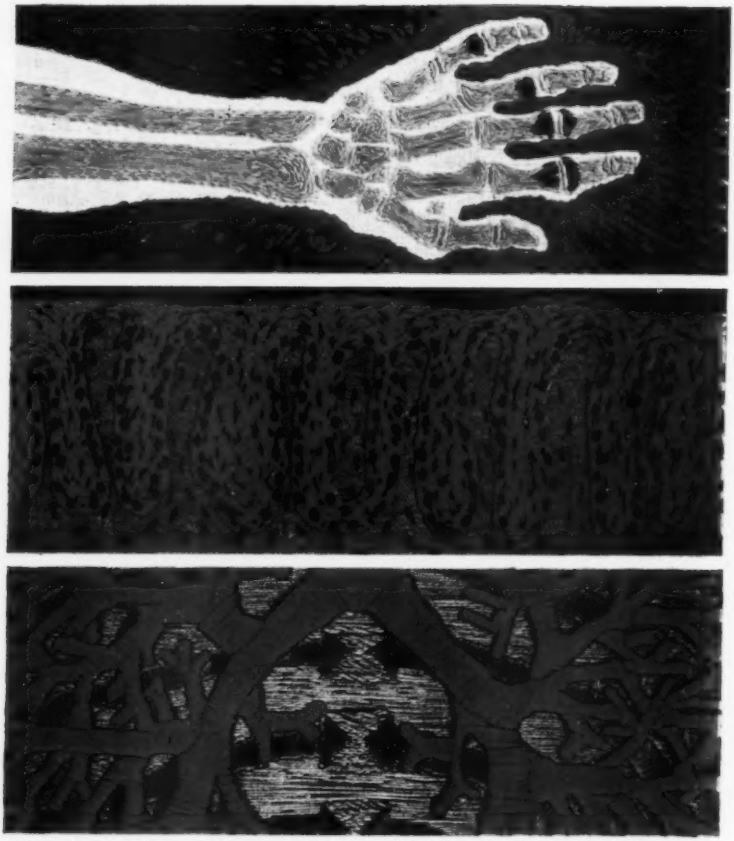
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share "owns" its back dividends as a bondholder owns his unclipped coupons.

The cumulative feature is such an important safeguard that the New York Stock Exchange normally requires it of all the preferreds it accepts for listing. Among the few exceptions: shares of railroad stocks that retain their noncumulative issues by direction of the Interstate Commerce Commission.

Practically all preferreds are cumulative, then. But there are two kinds of issue that have additional features to enhance their appeal to investors: *participating* preferreds and *convertible* preferreds.

A participating preferred gives the stockholder a bonus by letting him share in the profits after the common shareholders have received their dividends. The amount of the bonus is determined by preset formulas that vary from company to company. For example, preferred stockholders in the Alabama Great Southern Railroad participate equally with the common stockholders after the latter have received as much per share as pro-

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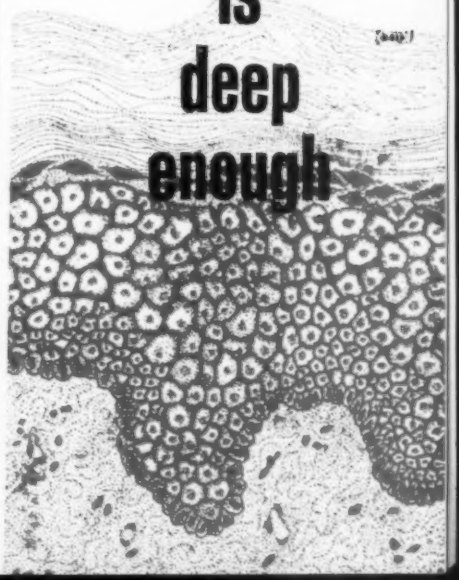
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vided by the preferred's fixed return. Thus, last year, the railroad paid its preferred shareholders not only their promised $3 a share, but also another $5 out of its profits. It's hardly surprising that this $50-par preferred is selling at around $140.

Participating preferreds were popular in the Nineteen Twenties. But comparatively few are listed today. It's a different story with the convertibles. This type of preferred has grown in popularity as the number of participating issues on the market has declined. The owner of each convertible share has the right to convert it into a fixed number of shares of the company's common stock. That right can be exercised at any time. It's a routine matter that your broker can readily handle for you.

So the investor in convertibles has two-way protection. If business goes sour and the common stock drops, he gets a high, fixed yield merely by holding onto his convertible preferred. But if earnings increase, he can cut himself in on any appreciation

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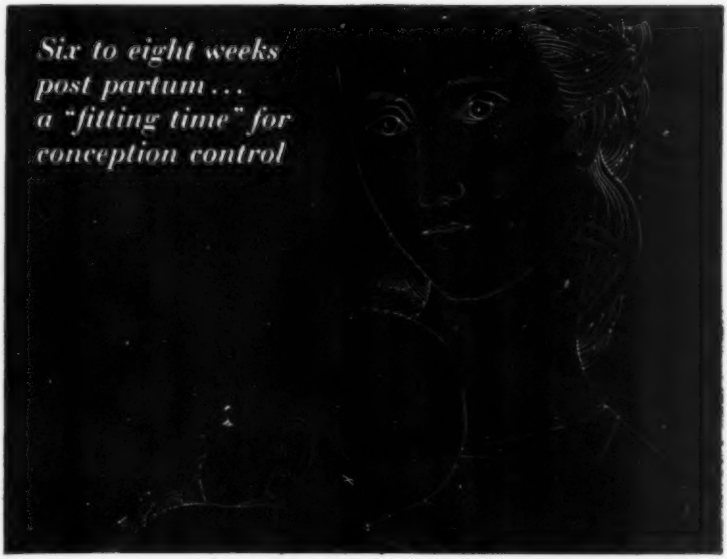
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Reference: 1. Tietze, C.: Proceedings, Third International Conference Planned Parenthood, 1953.

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the common achieves by simply converting his preferred into common.

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For some time after you bought the stock, the conversion feature would have had little immediate interest for you. The common was selling in the low 30s. At a conversion rate of one

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Supplied: Mysteclin-F For Syrup (125 mg. phosphate-potentiated tetracycline [HCl equivalent] and 25 mg. amphotericin B [Fungizone] per 5 cc. teaspoonful). Mysteclin-F For Aqueous Drops (100 mg. phosphate-potentiated tetracycline [HCl equivalent] and 20 mg. amphotericin B [Fungizone] per cc.).

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share of preferred to 1.1905 shares of common, the switch would have left you with common worth less than 45.

Since then, though, the common has climbed to over 53. This puts the conversion value of the preferred up to about 65. You'd be able to realize a twelve-point capital gain by converting your stock and then selling the common. Yet, as a practical matter, you might well decide not to do so. Why? Because the preferred has also risen—to around 70. This price reflects both the rise in the common and the still tidy yield available at the new price: 4.3 per cent.

Because convertible preferreds behave much like common stocks, investment advisers tend to put the approximately 200 regularly traded issues into a separate category. The typical nonconvertible preferred sometimes appreciates in a bull market, but not in the dramatic way that



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Fields, H.; Greene, J. W., Jr., & Franklin, R. R.: Obst. & Gyn. 13:353, 1959.

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common stocks do. That's the main reason why so many investors are prejudiced against ordinary preferreds.

Most people with money to invest are growth-conscious. Their primary objective is appreciation. They also want the substantial tax advantages to which capital gains are entitled. But the typical preferred doesn't promise substantial growth. Lacking the convertible and participation features, it seems to promise only the dividend called for on the certificate's face.

Why buy ordinary preferreds, then? Because when common stocks are in trouble, preferreds offer the following attractions:

1. High, dependable yields. Sound, good-grade preferred stocks are yielding about 5 per cent. That's a half-point more than corporate bonds of comparable quality pay. And it's almost one and three-quarters points more than you can get from representative industrial common stocks.

What's more, the outlook for common stock dividends isn't

"R Day" *for the neuritis patient can be tomorrow*

"R Day"—when pain is relieved—can come early for patients with inflammatory (non-traumatic) neuritis by starting treatment with Protamide promptly after onset.

Published reports* of 374 neuritis patients treated with Protamide during the first week of symptoms show that 60% required only 1 or 2 daily injections and 96% experienced excellent or good results with 5 or less injections.

By keeping a supply of Protamide on hand for use at a neuritis patient's first visit, you may be able to speed his personal "R Day"—followed quickly by full recovery and return to normal activities.

Available at pharmacies and supply houses in boxes of ten 1.3 cc. ampuls.

PROTAMIDE®

REFER TO PDR PAGE 813

Sherman Laboratories
Detroit 11, Michigan

*N.Y. Med. 8:16, 1952; Northwest Med. 75:1249, 1955.

the battle won
in making the sale...
is often lost
in the colon



Salesman, 50 years of age, reported the following symptoms: pain, belching, abdominal distention and spasm. The patient also reported occasional mucous diarrhea and bloody stools. These symptoms had persisted for eight weeks.

Barium enema studies supported the diagnosis of spastic colitis.

On a bland, low residue diet and one 'Combid' *Spansule* capsule b.i.d., the patient became symptom-free. He was maintained on 'Combid' alone once his symptoms were under control.

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'Combid' *Spansule* capsules reduce:

- secretion • spasm • nausea and vomiting • anxiety, tension and apprehension

for 10 to 12 hours after one oral dose.

Combid® b.i.d. **Spansule®**

brand of prochlorperazine and isopropamide

brand of sustained release capsules

Smith Kline & French Laboratories, Philadelphia

very bright. True, profits were up an average of 7 per cent in the first quarter of 1960, compared with the same period a year ago. But the gains were less than expected. Many analysts believe there will be no further improvement for some time, perhaps a year or more.

So industry in general will go slow in increasing dividends. Indeed, dividends may even be cut by companies whose first-quarter earnings dropped.

2. Protection of principal. Run your eyes down the stock quotations on your newspaper's financial pages. You'll see that good preferred shares held up well during the market buffetings early this year. You'll also note strik-

Continued on page 170

Lube job

From a news release sent out by The Student A.M.A.:

"CHICAGO—Women should have routine pelvic examinations yearly until the age of 35 to 40, after which they should be on a twice yearly basis, a noted Johns Hopkins professor of gynecology stated. The doctor must have answers ready to convince the patient that her most secret and cherished possessions ought to receive the same impersonal handling at regular intervals that her car gets every few thousand miles.

"Writing in the current (June) New Physician, official journal of the Student American Medical Association, Dr. Edmund R. Novak said, 'It should not be too difficult to point out to even the most recalcitrant patient that continued good health is much more important than the smoothest running Mercedes. The dividends from an accurate pelvic examination far exceed the finest lubrication service at the best gas station, and at about the same cost.' "

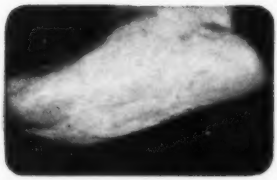
For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*

BEFORE: Severe, persistent dermatomycosis of several months duration.



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AFTER: Same patient after two weeks therapy with Vitamin A and D Ointment with Prednisolone. Medication applied twice daily.

White's Vitamin A and D Ointment is now available **with Prednisolone** (0.5 per cent) in a lanolin-petrolatum base. The local anti-inflammatory and anti-pruritic effects of prednisolone augment the healing, soothing and protective effects of White's Vitamin A and D Ointment. **For dermatoses caused by thermal or chemical irritants, common allergic skin disorders and nonspecific pruritus ani and vulvae.** Supplied in 10 and 25 Gm. tubes. White Laboratories, Inc., Kenilworth, New Jersey.

White

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in edema or

▪ more doctors are prescribing–
▪ more patients are receiving the benefits of–
▪ more clinical evidence exists for–



in congestive failure

"Chlorothiazide was given to 16 patients for a total of 295 patient-treatment days." "Chlorothiazide is a safe, oral diuretic with a clinical effect equal to or greater than a parenteral mercurial." Harvey, S. D. and DeGraff, A. C.: N. Y. State J. Med., **59**:1769, (May 1) 1959.



in hypertension

". . . our program has been one of polypharmacy in which we attempt to deplete body sodium with chlorothiazide. This drug is continued indefinitely as background medication for all antihypertensive drugs." Moyer, J.H.: Am. J. Cardiology, **3**:199, (Feb.) 1959.



in premenstrual edema

"Chlorothiazide is an excellent agent for relief of swelling and breast soreness associated with the premenstrual tension syndrome, since all patients [50] with these complaints were completely relieved." Keyes, J. W. and Berlacher, F. J.: J.A.M.A., **169**:109, (Jan. 10) 1959.

DOSAGE: Edema—One or two 500 mg. tablets DIURIL once or twice a day. Hypertension—One 250 mg. tablet DIURIL twice a day to one 500 mg. tablet DIURIL three times a day.

SUPPLIED: 250 mg. and 500 mg. scored tablets DIURIL (chlorothiazide) in bottles of 100 and 1,000.
DIURIL is a trademark of Merck & Co., Inc.
Additional information is available to the physician on request.

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hypertension

DIURIL®

(CHLOROTHIAZIDE)

than for all other diuretic-antihypertensives combined!



in edema of pregnancy

"One hundred patients were treated with oral chlorothiazide." "In the presence of clinically detectable edema, the agent was universally effective." "Chlorothiazide is at present the most effective oral diuretic in pregnancy." Landesman, R., Ollstein, R. N. and Quinton, E. J.: N. Y. State J. Med., 59:66, (Jan. 1) 1959.



in cirrhosis with ascites

"All three of the patients with Laennec's cirrhosis, ascites and edema had a favorable response, with a mean weight loss of 8 lbs., during the five-day treatment period with a slight decrease in edema." Castle, C. N., Conrad, J. K. and Hecht, H. H.: Arch. Int. Med., 103:415, (March) 1959.



in renal edema

"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent." Burch, G. E. and White, M. A., Jr.: Arch. Int. Med., 103:369, (March) 1959.

MSD MERCK SHARP & DOHME
Division of Merck & Co., INC., Philadelphia 1, Pa.

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ing contrasts in the behavior of common and preferred stocks issued by the same company. In case after case where the common has set a new low for the year, the preferred is close to its high. And its high, fixed yield will be well covered even if there's an earnings decline.

That's why the yields on preferreds seem more and more desirable when profits level off. Some preferreds actually *appreciate* in price, running counter to the trend of common stocks.

Don't misunderstand me. I don't mean that you should necessarily switch your basic investment objective from growth to high yield plus safety. Capital appreciation is probably still the proper long-range goal for most investors. But a temporary alteration in your plans may be called for when the stock market turns downward. By keeping part of your capital in preferred stocks during such periods, you may be able to protect yourself against capital losses. And you may add to your income in the process. END



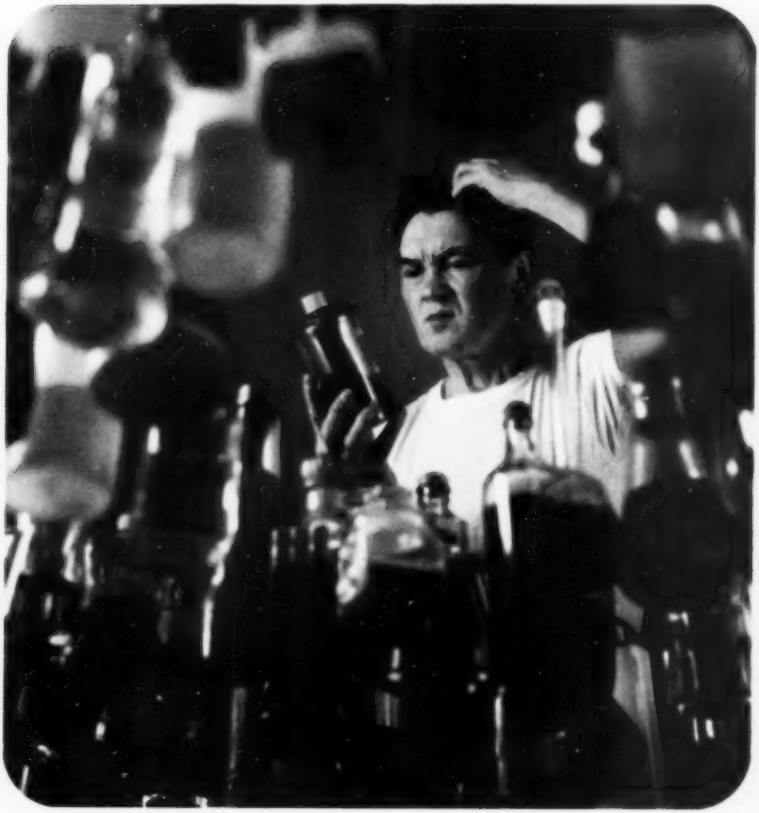
New Stereoscopic Surgical Microscope aids performance of delicate operations

A new surgical microscope offers the advantage of 3-dimensional magnification for delicate and minute operative procedures. The easily adjusted instrument which allows ample room for hand and surgical instrument manipulation, is fitted with a unique illuminator to beam bright, shadowless, light directly into small orifices. Magnifications (3.5x to 15x) are simply "dialed-in". Full information may be obtained by writing

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MENOPAUSE
another indication for
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2 IBEROL FIMTABS A DAY SUPPLY:
The Right Amount of Iron
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Plus Vitamin C
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This Life Insurance Tip May Mean a Windfall for You

Is a policy on which you've stopped paying premiums worthless? Far from it, as shown by this rundown on what happens to a 'lapsed' contract

By Arnold Geier

The obituary column of our local paper recently announced the death of the father of one of my policyholders. I called my client to express sympathy and to offer help. "My father had no insurance at all," I was told. "He used to have a $20,000 policy. But he dropped it a few years ago."

I looked into the matter, and here's what I found: Though no premiums had been paid for five years, the coverage was still in force. As I'd suspected, the policy contained what's called an "extended insurance" option—which meant that my client was entitled to a $20,000 payment he simply hadn't known about.

Too many people don't know what happens to a policy when premiums aren't paid. Their ignorance can cost them or their heirs thousands of dollars. So let me make a point that everyone who has a life insurance policy should be familiar with:

A change in your needs, goals, finances, personal relationships, or any one of a number of other circumstances may cause you to stop paying premiums on a given life insurance contract. But if

---

THE AUTHOR *is an independent insurance underwriter in Miami, Fla.*



Photos used with patient's permission.

How new **Dianabol** rebuilt muscle tissue in this underweight, debilitated patient

Patient was weak and emaciated before Dianabol. R. C., age 51, weighed 160 pounds following surgery to close a perforated duodenal ulcer. His convalescence was slow and stormy, complicated by pneumonia of both lower lobes. Weak and washed out, he was considered a poor risk for further necessary surgery (cholecystectomy). Because a conventional low-fat diet and multiple-vitamin therapy failed to build up R. C. sufficiently, his physician prescribed Dianabol 5 mg. b.i.d.

Patient regains strength on Dianabol. In just two weeks R. C.'s appetite increased substantially; he had gained 9½ pounds of lean weight. His muscle tone was improved, he felt much stronger. After 4 weeks, he weighed 176 pounds. Biceps measurement increased from 10" to 11½". For the first time since onset of postoperative pneumonia, his chest was clear. Mr. C.'s physician reports: "He tolerated cholecystectomy very well and one week postop felt better than he has in the past 2 years."

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Dianabol: new, low-cost anabolic agent

By promoting protein anabolism, Dianabol builds lean tissue and restores vigor in underweight, debilitated, and dispirited patients. In patients with osteoporosis Dianabol often relieves pain and increases mobility.

As an anabolic agent, Dianabol has been proved 10 times as effective as methyltestosterone. Yet it has far less androgenicity than testosterone propionate, methyltestosterone, or norethandrolone.

Because it is an oral preparation, Dianabol spares patients the inconvenience and discomfort of parenteral drugs.

And because Dianabol is low in cost, it is particularly suitable for the aged or chronically ill patient who may require long-term anabolic therapy.

Supplied: *Tablets*, 5 mg. (pink, scored); bottles of 100.

Complete information on request.

Dianabol®
(methandrostenolone CIBA)

converts protein to working weight in wasting or debilitated patients

CIBA
SUMMIT, NEW JERSEY

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this happens, don't assume that the policy has "lapsed"—that, in other words, it's no longer worth a dime. Unless it's a term policy, it may well be worth a good deal of money.

To illustrate, let's suppose that Dr. Miller, age 40, has owned a $10,000 ordinary life policy for twelve years. His total premiums up to now amount to $2,580. Sound reasons demand that he quit paying premiums. If he does so, there are three possible ways for him to take advantage of provisions that are included in *all*

Amusing . . .
Amazing . . .
Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive $25-$40 for it.

Contributions must be unpublished. They cannot be acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.

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policies (except term insurance) issued by *all* companies:

1. He may cash in. If he's no longer interested in coverage, he may surrender the policy and receive $1,750 (plus his accumulated dividends, if any).

2. Or he can return his policy and receive a new one marked "Paid Up," with a death benefit of $3,490 (plus cash for accumulated dividends, if any). This amount, which is $910 more than he paid in, will be sent to his beneficiaries when he dies.

3. Or he can request that the company insure him for the full amount for an additional twenty years and seventy days—up to age 60—without further premium payments. Should he die during that period, the full amount is payable. But if death occurs after that period, there is no death benefit.

This last provision—so-called extended insurance—is actually term insurance bought by the company with the cash value of the policy. It's usually provided automatically if a policyholder

Continued on page 178

DERMATOLOGIC

Ointment 3%
Ointment 3% with Hydrocortisone 2%
(each with methylparaben 2.4% and propylparaben 0.6% in a wool fat-petrolatum base)



ACHROMYCIN®
Tetracycline Lederle

a standard in topical antibiotic therapy

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NEW
the physician-requested addition
to the DONNAGEL family
DONNAGEL-PG
Donnagel with paregoric equivalent
for better control of
acute nonspecific
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This pleasant-tasting combination
of two outstanding antidiarrheals—
DONNAGEL and paregoric—
delivers more comprehensive relief
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Each 30 cc. (1 fluidounce) of DONNAGEL-PG contains:
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(equivalent to paregoric 6 ml.)
Diminishes propulsive contractions and tenesmus; makes fecal matter less liquid
Kaolin 6.0 Gm.
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Pectin 142.5 mg.
Demulcent action complements effect of kaolin
Natural belladonna alkaloids
hyoscyamine sulfate 0.1037 mg.
atropine sulfate 0.0194 mg.
hyoscine hydrobromide 0.0065 mg.
Antispasmodic action reduces intestinal hypermotility; minimizes the risk of cramping
Phenobarbital (¼ gr.) 16.2 mg.
Mild sedative action lessens tension
Supplied: Banana flavored suspension in bottles of 6 fl. oz.
Also available: DONNAGEL® with NEOMYCIN — for control of bacterial diarrheas.
DONNAGEL®— the basic formula — when paregoric or an antibiotic is not required.
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Making today's medicines with integrity... seeking tomorrow's with persistence

XUM

containing Oxethazaine
a gastric mucosal
anesthetic

OXAINE*

Oxethazaine in Alumina Gel, Wyeth

for

gastritis

an original development,
backed by 5 years' research
and clinical trial

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A Century of Service to Medicine

OXAINE contains a gastric mucosal anesthetic for the relief of pain of gastritis.

OXAINE is indicated in the many patients who do not respond to diet, antacids and anticholinergics.

> As reported in J.A.M.A., OXAINE brought complete relief to 96% of 92 gastritis patients suffering substernal pain and upper abdominal distress. *Deutsch, E., and Christian, H.J.: J.A.M.A.* 169:*2012 (April 25) 1959.*

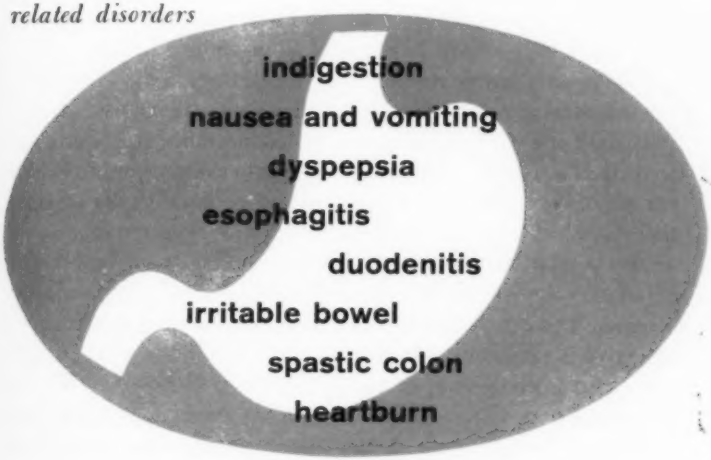
OXAINE provides sustained anesthesia over many hours, unaffected by ebb and flow of gastric contents.

Oxethazaine, the mucosal anesthetic in OXAINE, is 4000 times more potent topically than procaine. Safe, not a "caine." Only two known cases of sensitivity (glossitis) occurred in extensive clinical trials.

Easily administered, simple dosage—just 2 teaspoonfuls 15 minutes before meals and at bedtime.

Bland, noncloying over long-term administration.

related disorders



How OXAINE Relieves Pain, Hastens Recovery

Gastric mucosa can heal more quickly, because local anesthetics inhibit acid and pepsin secretion, by preventing release of *gastrin* from the antrum of the stomach.

Patients tolerate a more varied diet and a larger amount of food—and, because of OXAINE, enjoy their food without fear of pain following meals.

They feel free of bloating and the disturbing sensation of fullness when only a little food has been ingested—because the anesthesia of OXAINE desensitizes irritated nerve receptors.

Those with irritable bowel syndrome are spared the embarrassing urge to defecate during meals—because OXAINE diminishes the exacerbated gastrocolic reflex.

Supplied: *In bottles of 12 fluidounces.* *Wyeth Laboratories Philadelphia 1, Pa.*

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stops paying his premiums and doesn't notify the company of a choice of options.

Every policy contains a table that shows the specific figures for the above three options at any given year and age. You'll do well to study the table in each of your policies right now.

Which option is the best choice for you? The answer depends on when and why you stop paying premiums on a given contract. For instance, if you need some quick cash and if you no longer need the insurance coverage, you'll probably want to take the policy's cash value. (But remember that you *can* borrow the money instead, without canceling the coverage. You can then continue paying your premiums; and the loan—plus interest—can be repaid at any time.)

Usually, though, you lose some money when you cash in a policy. The paid-up arrangement is likely to be a better bet. It's particularly so for an older man who wants to retain most of his coverage without further premium outlay. In most cases, the paid-up value will exceed the amount deposited. From this point of view, it's the best of the available options.

Extended insurance probably sounds better to you, since it provides full protection for a number of years at no further cost to you. But there's a big catch: If you live beyond a certain date, the coverage is completely lost. So what you've got here is a sort of all-or-nothing gamble.

Incidentally, a few companies will permit you to pick up extended insurance at a later date, subject to evidence of insurability, and go back to the original coverage. I suggest you discuss this possibility with your agent before you decide to take the extended-insurance option.

Is Any of This Yours?

In any event, don't forget that insurance companies are holding millions of dollars for beneficiaries who don't even suspect that they're entitled to benefits. So if you've ever let a policy lapse, take a look at the contract now. Though you may think you're through with it, it may not be through with you. END

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FOR EASIER ELIMINATION IN CONVALESCENT OR CARDIOVASCULAR



TARGET ACTION *specifically on the large bowel*

DORBANE®
(1,8-dihydroxyanthraquinone)

selective peristaltic stimulant • smooth, overnight action • no griping • well tolerated, non-habituating
Available in 75 mg. scored tablets and suspension.

WHERE STOOL SOFTENING IS ALSO INDICATED

DORBANTYL® FORTE
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Double-strength capsules for maximum economy and convenience.

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For lower dosage and in children.
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*IN PROPORTIONS PROVED OPTIMAL BY CLINICAL TRIAL IN OVER 450 CASES
(Marks, M. M.: Clin. Med. 1:181, 1957.)

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Lifts depression...



You see an improvement within a few days
Thanks to your prompt treatment and the smooth action of Deprol, her depression is relieved and her anxiety and tension calmed – *often in a few days.* She eats well, sleeps well and soon returns to her normal activities.

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... as it calms anxiety!

Smooth, balanced action lifts depression as it calms anxiety... rapidly and safely

Balances the mood – no "seesaw" effect of amphetamine-barbiturates and energizers.

While amphetamines and energizers may stimulate the patient – *they often aggravate anxiety and tension.*

And although amphetamine-barbiturate combinations may counteract excessive stimulation – *they often deepen depression.*

In contrast to such "seesaw" effects, Deprol's smooth, *balanced* action lifts depression as it calms anxiety – both at the same time.

Acts swiftly – the patient often feels better, sleeps better, within a few days.

Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly – often within a few days. Thus, the expense to the patient of long-term drug therapy can be avoided.

Acts safely – no danger of liver damage.

Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function – frequently reported with other antidepressant drugs.

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Deprol®

Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. **Supplied:** Bottles of 50 light-pink, scored tablets. Write for literature and samples.

CD-2129

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she calls it "nervous indigestion"

diagnosis: a wrought-up patient with a functional gastrointestinal disorder compounded by inadequate digestion. **treatment:** reassurance first, then medication to relieve the gastric symptoms, calm the emotions, and enhance the digestive process. **prescription:** new Donnazyme—providing the multiple actions of widely accepted Donnatal® and Entozyme®—two tablets t.i.d., or as necessary.

Each Donnazyme tablet contains

—In the gastric-soluble outer layer: Hyoscyamine sulfate, 0.0518 mg.; Atropine sulfate, 0.0097 mg.; Hyoscine hydrobromide, 0.0033 mg.; Phenobarbital (1/8 gr.), 8.1 mg.; and Pepsin, N. F., 150 mg. **In the enteric-coated core:** Pancreatin, N. F., 300 mg., and Bile salts, 150 mg.

antispasmodic • sedative • digestant

DONNAZYME®

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The Kind Doctor Gets Paid in Kind

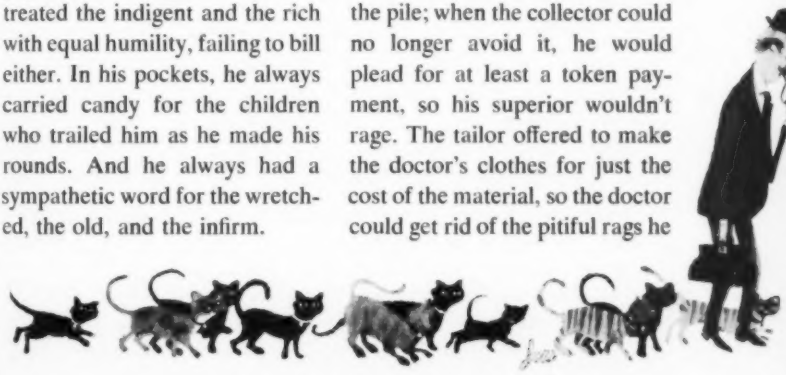
Aesop didn't write this fable for physicians. But he would have if he'd thought of it!

By Theodore Kamholtz

Since this is a fable, let it begin as all fables do: Once there was . . .

Once there was a kindly old doctor who lived in the country of Leishmania. He was a devoted physician and a gentle man. He treated the indigent and the rich with equal humility, failing to bill either. In his pockets, he always carried candy for the children who trailed him as he made his rounds. And he always had a sympathetic word for the wretched, the old, and the infirm.

He was a loved man, as well as a very poor one. The grocer always apologized as he asked the doctor for payments on his bill. The tax collector always shuffled returns so that the doctor's came out on the bottom of the pile; when the collector could no longer avoid it, he would plead for at least a token payment, so his superior wouldn't rage. The tailor offered to make the doctor's clothes for just the cost of the material, so the doctor could get rid of the pitiful rags he



habitually wore, winter and summer.

Year after year, the poor doctor limped from one minor financial crisis to another, aided and abetted by his loving friends.

In Leishmania, there also was an old lady who lived alone in a big house with no one to comfort her or attend her. Her cruel daughter had moved to the big city and didn't even deign to acknowledge her mother's birthday. Her unfeeling son was too busy selling stocks to share a cup of tea with his mother even once a year.

The only company the old woman had were her twelve cats whom she loved so much that she even knew their *last* names. She often went without food so that they might have milk. And everyone in town avoided her since it was obvious to them that anybody who did such things was crazy.

Everyone avoided her, that is, except one person. The kindly old doctor always reserved his last visit of the day for the old lady. To his wife's despair, he sometimes left some of their own meager groceries in the old lady's cupboard. He listened to her chest and examined her tongue. He left her all his vitamin samples, so that her malnutrition wouldn't stare out of her eyes.

During those visits, he sat on her tattered chair and conversed with her just as if she weren't crazy at all. He learned the first

Continued on page 188

As bad as a milk leg?

From The Detroit Times: "MUNICH, May 13 (UPI)—Gen. Lauris Norstad will retain his command of Allied forces in Europe while recuperating from a milk heart attack, an aide said today." —STEPHEN J. SCHMIEDL

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*

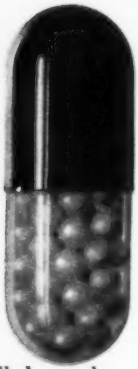
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The Upjohn Company, Kalamazoo, Michigan



135
tiny doses
mean
smoother
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(*So smooth and protracted that even among rheumatoid arthritis patients "morning stiffness in a great majority of these patients just doesn't exist any more. They wake up comfortable."—Iuppa, N. V.: In press.)

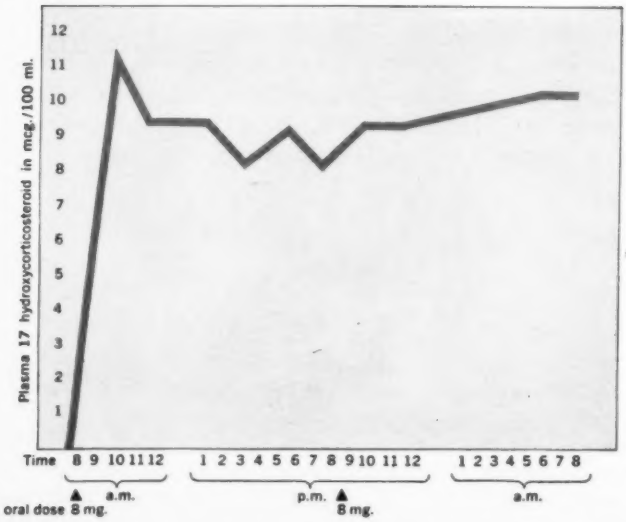


4 mg. **Medrol**† **Medules****

therapeutic control lasts longer...

Supplied:
As hard filled capsules in bottles of 30.

Plasma hydroxycorticosteroid levels in an addisonian patient following administration of Medrol Medules



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...because
pH-patterned
slow release...

NOT HERE AT pH 1.2

In the relatively acid medium of the fasting stomach, Medules are kept essentially intact by their special pH-sensitive coating (about 5% of Medrol content released in 2 hours at pH 1.2).

BUT HERE AT pH 7.5

In the environment of the duodenum (at pH of approximately 7.5) 90% to 100% of the Medrol content is released within 4 hours.

...means
gradual
steroid
absorption



Medrol hits the disease,
but spares the patient

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and last names of her cats, so that he could discuss their idiosyncrasies with her.

One day, as happens to all very old people, the old lady died. Her disdainful son and her unwilling daughter went home to bury her and sell the house. Much to their surprise, they found a thousand silver pieces in the icebox. They quickly searched the house, and in the mattress they found 2,946 gold coins. In the cellar was buried much old currency. In the battered desk were valuable bonds. And in an old-fashioned, musty mink coat, there was pinned a fresh new will.

This left all her money and other assets to be divided equally between her son and daughter. And to her dear, understanding friend the doctor, she left her twelve cats, which he took home very gratefully and cared for until there were twenty-seven on the day he died. Moral: Bill on the first of the month, and coo on the second. END

THE AUTHOR *is a radiologist in Brooklyn, N.Y.*

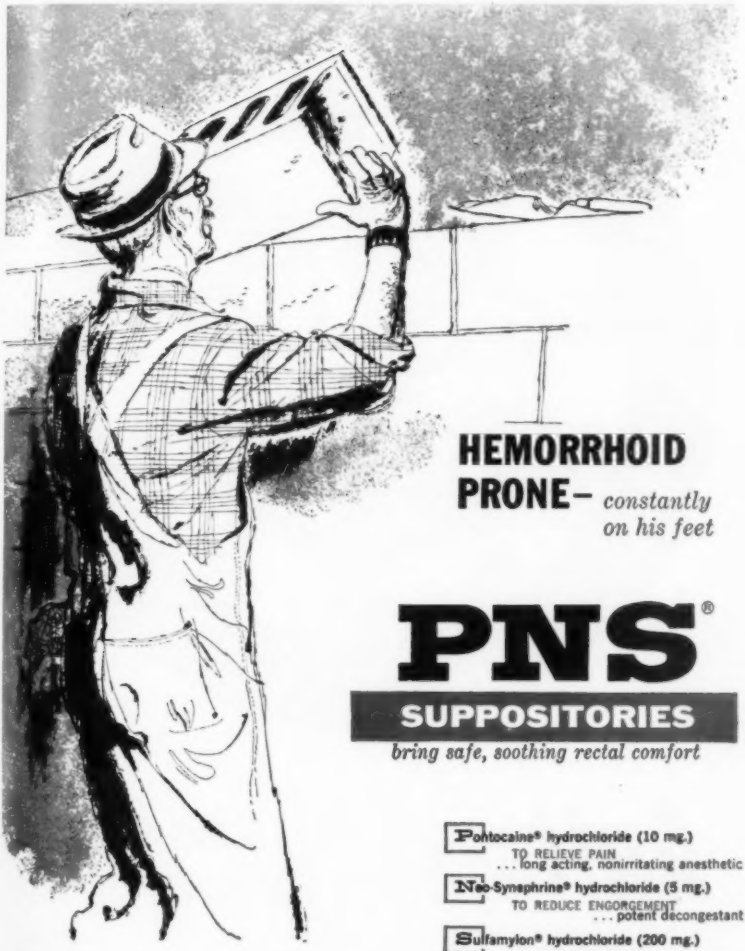


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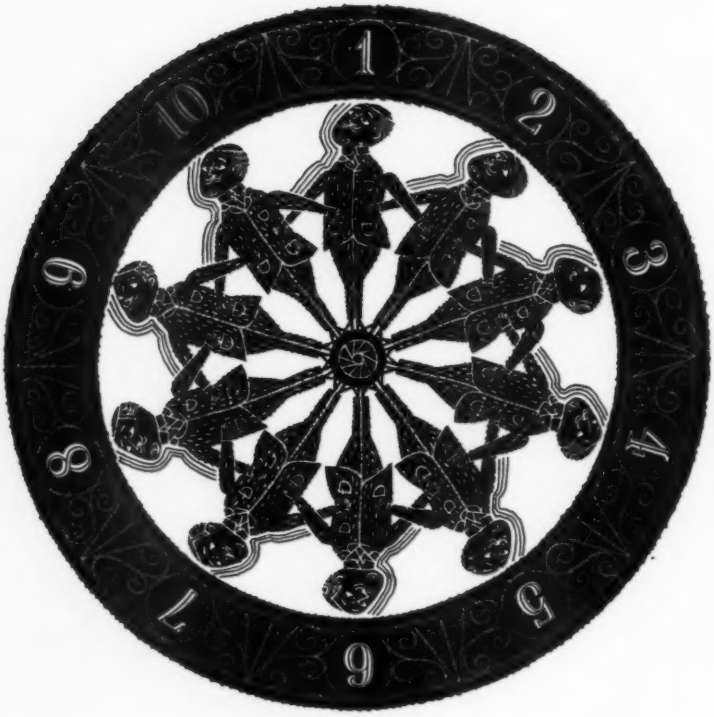
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Prescribe one ANTIVERT tablet (12.5 mg. meclizine; 50 mg. nicotinic acid) before each meal for relief of Meniere's syndrome, arteriosclerotic vertigo, labyrinthitis and vertigo of nonspecific origin.

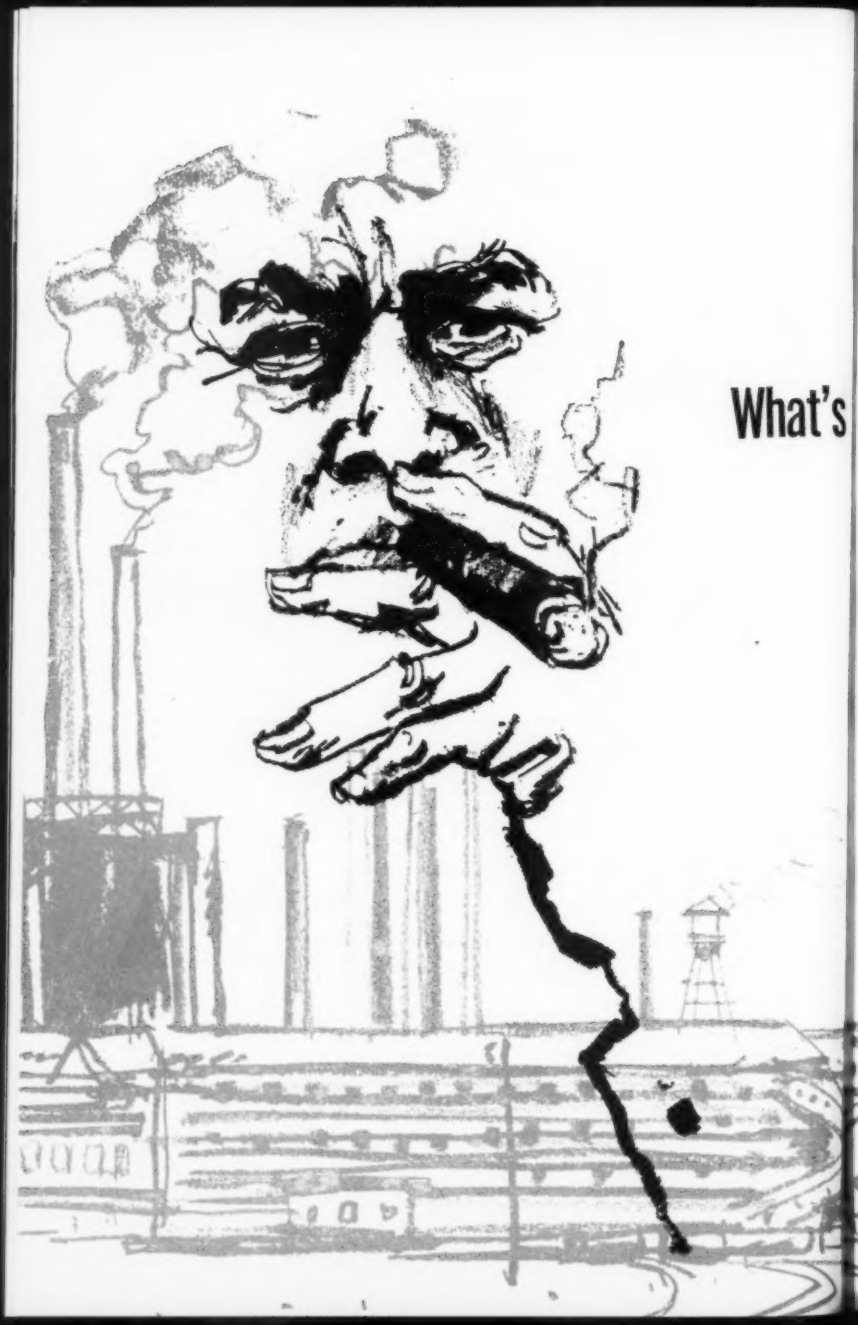
Supplied: In bottles of 100 blue-and-white scored tablets. Prescription only.

References: 1. Menger, H. C.: Clin. Med. *4*:313 (Mar.) 1967. 2. Seal, J. C.: Eye Ear Nose & Throat Month. *39*:738 (Sept.) 1960.

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Science for the World's Well-Being

MEDICAL ECONOMICS *Book Feature*

In this department, MEDICAL ECONOMICS presents book condensations of a type never available before. Only books of a thought-provoking, nonmedical kind are condensed. But the condensing is directed by editorially experienced physicians. Readers thus get a medical man's view of the best in nonmedical contemporary thought. Among the hard-hitting books informed people are reading and talking about this month is "An Outline of Man's Knowledge of the Modern World," edited by Lyman Bryson. A selection from this book starts on the next page. The editors take pleasure in bringing it to you as another of the MEDICAL ECONOMICS Book Features.



What's Ha

*Condensed from "An Outline of Man's Knowledge of the Modern World"**

at's Happened to American Capitalism

By David M. Potter

In England, a railway passenger who carries a pet bird or animal on the train is required to pay a small fee, scaled according to the freight classification into which the pet may fall. An English lady who was carrying a turtle inquired whether she would owe a fee. The agent told her, "No, mum, cats is dogs, squirrels is parrots, but this here turkle is a hinsect, and you don't have to pay for hinsects."

The story illustrates how misleading it can be to force specific and unique things, whether they be turtles or economic systems, into broad categories. If we were shipping the American economic system to outer space, we would

*Edited by Lyman Bryson. Copyright © 1960 by Catherine McGrattan Bryson, executrix of the estate of Lyman Bryson. Published by the McGraw-Hill Book Company, Inc., and reprinted by permission.



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perhaps inform the ticket agent that "this here system is a capitalism." This statement might be true without necessarily helping us to understand what the system is really like. A term conceals as much as it reveals when it fails to distinguish the economy of present-day America, with its high standard of living, emphasis on consumption, and huge middle class, from primitive capitalism, with its exploited proletariat and extremes of wealth and poverty. *More*▶

How much further away from free enterprise?



The American economic system isn't really capitalism any more. It still "uses the capitalistic devices of private property, financial incentives, and the free market." But to these have been added "heavy infusions of governmental regulation and control of the distribution of wealth through taxation." Thus David M. Potter describes the modern American mixture of free enterprise and government control. How did we get so far away from traditional capitalism? How much further will we go? Mr. Potter provides dispassionate answers to these questions in the accompanying text, originally a chapter in "An Outline of Man's Knowledge of the Modern World." The author is Coe Professor of American History at Yale.

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A dosage form to meet the individual requirements of patients of all ages in home, office, clinic and hospital:

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To begin with this loose-fitting garment of a word, what does it mean to say that a system is a capitalism? The word itself is a relatively new one, much newer than the ideas behind it. It was not recognized by economists as a basic concept until the present century. It has been a controversial term, seldom used in an objective sense, since Karl Marx published his classic and adverse analysis of "Das Kapital" in 1867.

What Is Capitalism?

But for practical purposes, the basic features commonly associated with capitalism are concisely suggested by Webster's New International Dictionary. This defines capitalism as "the . . . economic system of . . . modern . . . countries in which the ownership of land and natural wealth, the production, distribution, and exchange of goods . . . and the operation of the system itself are . . . effected by private enterprise and control, under competitive conditions."

Certain words in this definition pinpoint three elements commonly identified with capitalism:

1. The word "ownership" carries the idea of private property and property rights;

2. The phrase "operation . . . by private enterprise" carries the idea of government abstention in the economic sphere, and the maintenance of conditions where enterprise may freely reap the rewards and suffer the risks that abound in an unregulated economy;

3. The phrase "competitive conditions" carries the idea that government will not permit any private combination to secure a monopoly, but rather that competitive demand will come freely into contact with competitive supply, and the two will automatically be adjusted to one another by

Continued on page 202

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(translation: a little real salt can mean a lot in edema and hypertension)



Think of mashed potatoes without the pinch of salt. Unthinkable? Not for the edema or heart patient, who may live with such dreary fare day after day. A good diuretic like Oretic offers a chance of welcome relief from this tasteless pattern. Potent enough to treat the more serious aspects of edema, and valuable in management of mild to moderate hypertension, Oretic produces a marked elimination of water and sodium. And the saluretic effect paves the way for your exploration of revised meal plans and somewhat relaxed dietary restrictions. Oretic offers no 100% relief for low-sodium diets, of course. But adjustment should be possible in enough cases to make it worth considering on an individual basis. The individual lucky enough to get a little of the real pleasure of real salt back on the table will surely thank you.

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(polycarbophil - thihexinol methylbromide)

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A totally new agent, for non-opiate control of the dual problem of diarrhea: too fluid feces, too frequent evacuations

Unexcelled therapeutic response, 85% of the chronic cases, 93% of the acute.[1-6]

The culmination of a decade of laboratory experimentation and over five years of clinical confirmation.

For too fluid feces, an extraordinary ability to absorb free fecal water.

For too frequent evacuations, superior, yet selective, antimotility action.

Convenient tablet form; simple, uncomplicated dosage schedule (1 tablet q.i.d.).

Even where all other agents have failed – Sorboquel arrests long-standing, uncontrolled, exhausting diarrheas

Unexcelled Therapeutic Response: Results of the Administration of Sorboquel Tablets[1-8]

	No. of Patients	*Response*		
		Excellent	*Good*	*Poor*
Chronic Diarrhea*	**485**	335	76	74
		84.7%		15.3%
Acute Diarrhea**	**332**	288	22	22
		93.4%		6.6%

*Chronic diarrheas include irritable bowel syndrome, regional enteritis, diverticulitis and ulcerative colitis, postantibiotic enteritis, malabsorption syndrome, radiation proctitis, surgically short-circuited intestinal states. Diarrhea had persisted for more than a year in a large percentage with bowel movement frequency averaging from 5 to more than 10 a day. In most patients, SORBOQUEL controlled the condition within 3 days, even where other agents had failed.

**Acute diarrheas include nonspecific gastroenteritis, enteritis, enterocolitis. Control of the diarrhea was achieved within 24 hours in most cases.

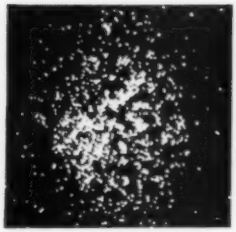
Dual-action Sorboquel arrests diarrhea even where all other agents have failed

The components in Sorboquel: the culmination of many years of development

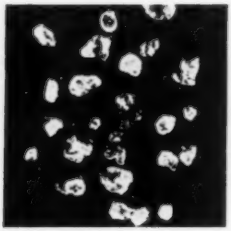
SORBOQUEL Tablets combine two unique and hitherto unavailable antidiarrheal agents—polycarbophil and thihexinol methylbromide. Acting together, through different but complementary mechanisms, these components in SORBOQUEL *absorb* free fecal water and *quell* hypermotility and associated spasm to an exceptional degree.

For too fluid feces, an extraordinary ability to absorb free fecal water

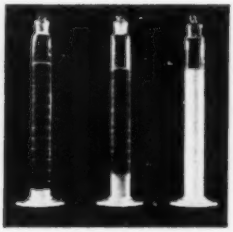
(through the hydrosorptive action of new polycarbophil)



Dry State
Demonstration of the particulate nature of dry polycarbophil.



Swollen State
Note the particulate nature of swollen polycarbophil. Impaction is virtually impossible.



(a) (b) (c)

Demonstration of the dependence of swelling of polycarbophil on pH (a) pH of stomach; (b) pH of duodenum; (c) pH of intestines.

A newly synthesized macromolecular substance exhibiting extraordinary capacity for absorption and retention of free fecal water[9-11] ■ the colloidal suspension is free-flowing, since, in the swollen or hydrated state, the particulate structure is retained[9] ■ exerts marked hydrosorptive action only on reaching the alkaline medium of the small intestine and colon ■ virtually free of impaction qualities ■ pharmacologically inert, not absorbed from the gut[12]

Convenient tablet form; simple, uncomplicated dosage schedule

SORBOQUEL DOSAGE: For older children and adults, initial dosage of one SORBOQUEL Tablet q.i.d. is usually adequate. Severe diarrheas may require six, or even eight, tablets in divided daily doses. (Dosages exceeding six tablets a day should not be employed over prolonged periods.) Many patients can be maintained on one to three tablets daily after the diarrhea is brought under control.

SIDE EFFECTS: The incidence of side effects at recommended dosage is negligible. (The usual precautions when using parasympatholytic agents should be observed. *Complete information regarding the use of* SORBOQUEL TABLETS *is available on request.*

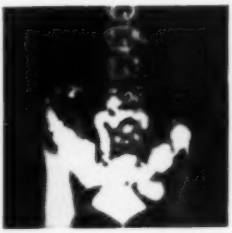
DUAL ACTION

Sorboquel TABLETS

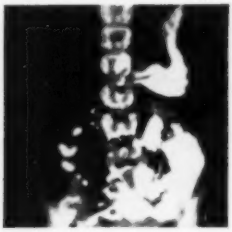
the first truly effective agent to control the dual problem of diarrhea: too fluid feces, too frequent evacuations

For too frequent evacuations, superior, yet selective, antimotility action

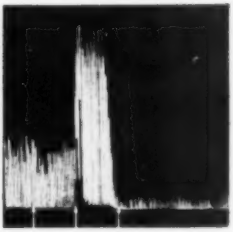
(through the parasympatholytic action of thihexinol methylbromide)



90-minute film demonstrating hypermotility of gastrointestinal tract in patient.



6-hour film after administration of thihexinol to patient showing marked inhibition of gastrointestinal motility.



(a) (b) (c)

Inhibition of methacholine-induced spasm by thihexinol in isolated rabbit intestine. Time of graph is 40 minutes. (a) normal motility; (b) methacholine, 40 mcg./L; (c) thihexinol, 10 mcg./ml.

A new, superior parasympatholytic agent with a dominant inhibitory action on intestinal motor function[13-16] ▪ onset of intestinal motor inhibition has been shown to occur within *10-20 minutes*[14] ▪ does not interfere with gastric secretion or digestive processes ▪ unusually free from atropine-like side effects ▪ its enteral antimotility action permits polycarbophil to exert maximal water-binding effect

SUPPLIED: SORBOQUEL TABLETS, bottles of 50 and 250. Each tablet contains 0.5 Gm. polycarbophil and 15 mg. thihexinol methylbromide.

REFERENCES: 1. Hock, C. W.: Med. Times **88**:320 (March) 1960. 2. Winkelstein, A.: Personal communication. 3. Berkowitz, D.: in press. 4. Lind, H. E.: Personal communication. 5. Seneca, H.: in press. 6. Riese, J. A.: Personal communication. 7. Gilbert, A. S.; Schwartz, I. R., and Matzner, M. J.: Submitted for publication. 8. Personal communications to Medical Department, White Laboratories, Inc. 9. Pimparker, B. D.; Paustian, F. F.; Roth, J. L. A., and Bockus, H. L.: To be published. 10. Texter, E. C.: Personal communication. 11. Clinical reports to Medical Department, White Laboratories, Inc. 12. Grossman, A. J.; Batterman, R. C., and Leifer, P.: J. Am. Geriat. Soc. **5**:187 (Feb.) 1957. 13. McHardy, G.; Browne, D.; McHardy, R.; Bodet, C., and Ward, S.: Am. J. Gastroenterol. **24**:601 (Dec.) 1955. 14. Shay, H.: Personal communication. 15. Hirsh, H.: Personal communication. 16. Bercovitz, L. T.: J. Am. Geriat. Soc. **5**:940 (Nov.) 1957.

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the upward or downward movement of unrigged prices.

Measured by these standards—private property, private enterprise, and competition—to what extent is the American system a capitalistic one? To answer this question, we must look at two sides of the coin, tradition and practice.

Our Capitalistic Roots

If we examine the traditional side first, it will appear that in many important and basic respects the American system is emphatically a capitalism. As to private property, this was protected in the Constitution itself by the provision that "no state shall . . . pass any . . . law impairing the obligation of contracts." The protection was further reinforced in the Bill of Rights by the guarantee that "no person shall be . . . deprived of life, liberty, or property without due process of law; nor shall private property be taken for public use without just compensation."

These doctrines no longer prevail in their former absolute sense. Still, the American system of private property seems thorough-going indeed when compared with a system like that of the Soviet Union, in which all the means of production are owned by the state and an individual possesses little more than his personal effects. Even compared with Great Britain, where major industries such as transportation and coal have been nationalized, the United States appears a bulwark of private ownership.

As to private enterprise, the American people have never liked the idea of "government in business." The conviction that economic activity is best left to private interests has been very strong. Even when the public need for a project was so pressing that government put up most of the funds for providing it, as, for instance, in the case of the transcontinental railroads a little less than a century ago, these funds were

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"The most striking aspect of thioridazine [MELLARIL] therapy is the poverty of side-effects."

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*Kurzon-Wright, J.: Newer phenothiazine drugs in treatment of nervous disorders, J.A.M.A. 170:1923, July 11, 1959.

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placed at the disposal of private interests that built, owned, and operated the roads. And today, although private enterprise is not particularly well adapted to the development of atomic energy and its uses, atomic development is nevertheless being turned over to private enterprise.

As to competition, the picture is less clear-cut. While the entire economy was at one time competitive, we have now declared large areas out of bounds.

Some Cultivated Differences

In the past, all farmers were competitive with one another. Industrial workers were also in competition with one another, and the employer who found it necessary to engage in real collective bargaining with a union was a rarity. All this has been greatly changed since the New Deal.

As matters now stand, parity prices and crop quotas have virtually eliminated competition in agriculture. Minimum wage laws and collective bargaining laws have largely removed labor costs from the area in which producers compete with one another. With the enactment of the so-called fair trade laws, many states have even attempted to prevent retailers from competing in the prices at which they sell a product on which the producer has set a retail price.

In the light of these changes, it is perhaps a mistake to continue to think of the free market as a primary governor in our economy. In fact, John Kenneth Galbraith has put forward the view that stability is now attained by the "countervailing power" of major groups such as unions, large-scale producers, and chain distributors, whose massive pressures are balanced against one another. He holds that a realistic analysis of the economy must interpret its working in these terms and not in terms of competition.

Even with full allowance for this view, however, com-

petition retains considerable significance as a force, active or potential, and even more as an ideal. The Federal Government has been fairly consistent in attempting to break up industrial monopolies. And there is still a strong public conviction that the cartels (combinations) existing in many European countries must be kept out of the United States. The competitive spirit is still regarded as essential to the vigor of the economy because it is the principal source of incentives.

In its emphasis upon private property, private enterprise, and competition, therefore, the American economy conforms to the pattern of capitalism. Yet if our scrutiny is turned to the other side of the coin—practice rather than tradition—it reveals that not one of these features has been upheld as an absolute value. Each has been followed only up to a point. Then it has been suspended in practice, even though honored in principle.

A Careful Pruning

Our allegiance to the idea of private property, for example, causes us to leave most property in private hands. But when a man receives $1,000,000 a year, our respect for the concept of private property does not prevent us from compelling him to hand over $859,000 of this sum to the government in the form of income tax. Or if he leaves an estate of $10,000,000, it does not keep us from expropriating $6,000,000 of this property by means of an inheritance tax.

Similarly, our dedication to private enterprise does not prevent us from regulating all forms of enterprise in many ways, and certain kinds of enterprise so minutely that only a vestige of initiative or even of decision is left to them. Railroads, for instance, are privately owned. But they can scarcely alter any detail of their employment practice or

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PROVIDES EFFECTIVE ANTIBACTERIAL AND ANTIAMEBIC ACTIONS. USEFUL IN INFECTIOUS DIARRHEAS OF BACILLARY AND NONSPECIFIC ETIOLOGY.[1-4] PRACTICALLY UNABSORBED, THUS VIRTUALLY NONTOXIC.[1,5-7] VALUABLE IN ALL FORMS OF INTESTINAL AMEBIASIS-ACUTE, SUBACUTE, AND CHRONIC.[1,4-7] EFFECTIVE IN PREOPERATIVE SUPPRESSION OF INTESTINAL FLORA,[8] AND IN ADJUNCTIVE MANAGEMENT OF HEPATIC COMA.[8,9,10]

Supplied: Humatin is supplied as the sulfate in Kapseals,® each containing 250 mg. of base; bottles of 16. Literature supplying details of dosage and administration available on request. *References:* (1) Courtney, K. O., & Thompson, P. E.: Paromomycin As a Therapeutic Substance for Intestinal Amebiasis and Bacterial Enteritis, Antibiotics Annual 1959-1960, New York, Medical Encyclopedia Inc., in press. (2) Godenne, G. D.: Paromomycin in Diarrheas of Infants and Children, Antibiotics Annual 1959-1960, New York, Medical Encyclopedia Inc., in press. (3) McMath, W. F. T., & Hussain, K. K.: *Pub. Health* 73:328, 1959. (4) Personal Communications to the Department of Clinical Investigation, Parke, Davis & Company, 1959. (5) Shafei, A. Z.: *Antibiotic Med. & Clin. Therapy* 6:275, 1959. (6) Elias, F. L., & Oliver-Gonzalez, J.: *Antibiotic Med. & Clin. Therapy* 6:584, 1959. (7) Carter, C. H.: *Antibiotic Med. & Clin. Therapy* 6:586, 1959. (8) Fast, B. B., *et al.: Arch. Int. Med.* 101:467, 1958. (9) Mackie, J. E., *et al.: New England J. Med.* 259:1151, 1958. (10) Stormont, J. M., *et al.: New England J. Med.* 259:1145, 1958. 60440

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their operational service without regulatory consent. And they are often compelled to maintain services that operate at a loss.

In the same way, we are also theoretically committed to a competitive system. But if it meant that farmers would cut their own throats, as well as each other's, by producing more grain than the market could absorb, we did not wait for the economy to correct itself by forcing these men off the land. Instead, we moved in to stop the competition. And when industrial workers were forced by competitive conditions to accept exploitative wages, we stepped in again.

Clearly, the usual capitalistic standards of private property, free enterprise, and competition are not enough to explain an economy that confiscates large concentrations of property by taxation, regulates economic enterprise in the most sweeping way, and suspends competition whenever it seems likely to hurt any sizable group of people.

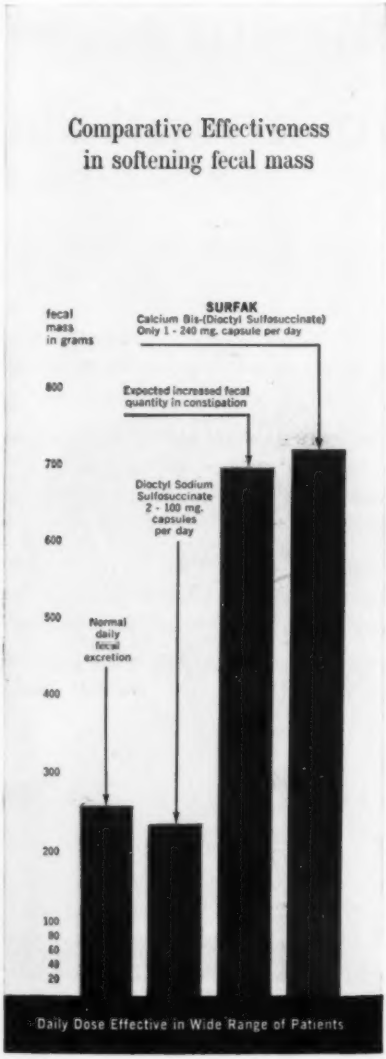
Writers who are confronted with this strange patchwork of areas of freedom and areas of regulation have taken to saying that we have a "mixed economy" or a "welfare capitalism" or a "state capitalism." But while this may describe, it does not do very much to explain. One question still remains. Why are we so deeply committed to the practices of capitalism up to a point and so indifferent to them beyond this point?

What Do We Want?

We may get closer to an answer if we bear in mind that the economic system is not an end in itself, but is rather a means to an end. It is quite possible to use capitalistic methods, such as free enterprise and competition, as means to the attainment of goals that are not necessarily capital-

Continued on page 210

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Therapeutic effectiveness in constipation depends on a more complete softening of the increased fecal load. *ONE* Surfak capsule is all that is needed to soften fecal matter up to three times the normal daily fecal excretion.

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DOSAGE: One Surfak 240 mg. soft gelatin capsule daily for adults. Surfak 50 mg. soft gelatin capsules – for children, and adults with minimum needs, one to three daily.

SUPPLY: 240 mg.–bottles of 15 and 100. 50 mg.–bottles of 30 and 100.

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The antibacterial ingredient in Dial—a synergistic combination of hexachlorophene and trichlorocarbanilide—has long been known for its effectiveness against the skin bacteria that cause perspiration odor.

Now new and more extensive tests have established that Dial inhibits the growth of a wider range of gram-positive and gram-negative bacteria than any other leading toilet soap—including strains that are resistant to antibiotics.

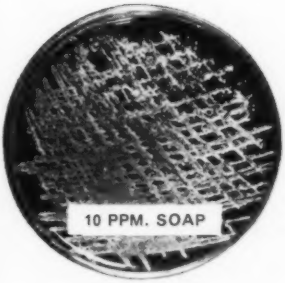
Many physicians already recommend the use of Dial to their patients. Now this new evidence points up even more sharply the benefits of Dial for hospitalized patients and hospital personnel.

Dial is available in guest sizes for hospitals. Ask your hospital purchasing agent to write our laboratory at the address below for information and free samples.



FROM THE SOAP DIVISION OF ARMOUR

Soap staph problem



In vitro tests demonstrate Dial's extraordinary effectiveness

1. Ordinary toilet soap left this heavy growth of Staphylococcus aureus



2. A widely used antiseptic soap showed little inhibition of Staphylococcus aureus



3. Dial Soap completely inhibited Staphylococcus aureus

AND COMPANY · 1355 W. 31st Street, Chicago 9, Illinois

istic, applying these methods when they lead toward the goals and suspending them when they do not.

But if this is what happens, then it means that the primary key to the American economic system is not to be found in capitalistic theory or in any other economic theory. Rather, it's to be found in the historic goals and values of the American people.

If we try to search out what the essential goals have been, we can define at least two that have had a fundamental bearing on the American economy.

The Two Essential Goals

One of these is the goal of maximum opportunity for the individual, arising from the strong American belief in the dignity and worth of man.

The other is the goal of a high and steadily improving standard of living, arising from the fact that American society began its major growth at a moment in history when, for the first time since the beginning of the world, the productive system was capable of yielding a steadily increasing surplus above the bare necessities.

The belief in the worth of the individual has, of course, been a cornerstone. Our independence began with the affirmations that all men are created equal, that all men have rights, that these rights cannot be subverted, and that the body of citizens shall control the government. Our history has been a prolonged record of the fulfillment of this valuation by the establishment of universal education, by the growth of manhood suffrage, by the emancipation of the slaves, by the extension of women's rights, and by all manner of reforms.

The fact is that we had a basic commitment to democracy,

Continued on page 214

XUM

Where the
T.E.D. Anti-Embolism Stocking
is prescribed regularly

Hospital fatality rates due to pulmonary embolism are consistently lower[3]



Reduces expected incidence of fatal pulmonary embolism by as much as 65%

In the majority of cases, fatal pulmonary emboli begin as clots—originating in the deep veins of the calf. Evidence in support of this is overwhelming.[3,4,5,6]

As a result, more and more doctors are using T.E.D. Anti-Embolism Stockings —an effective, inexpensive procedure for routine, preventive use in surgical, medical, obstetrical and other bed patients. The even pressure of these stockings reduces the caliber of deep leg veins enough to accelerate blood velocity and thus discourage thrombus formation.[5]

Application is so simple even an unskilled nurse's aid can insure the ideal pressure range of 10 to 15 mm. of mercury.

Recent Literature

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T. E. D.®

ANTI-EMBOLISM STOCKINGS

THE KENDALL COMPANY
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DIVISION

FOR COMPLETE LITERATURE

on Thrombo-Embolic prophylaxis using T.E.D. Anti-Embolism Stockings, fill in and mail this coupon to:

BAUER & BLACK
Dept. ME-7, 309 W. Jackson Blvd.
Chicago 6, Ill.

Name _____

Address _____

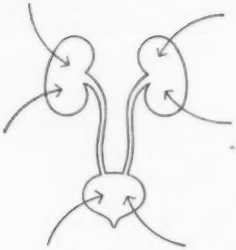
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for prompt control of urinary tract infections

Urobiotic®

Cosa-Terramycin®—sulfonamide—analgesic

Capsules



Science for the world's well-being™

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

IN BRIEF

Urobiotic Capsules provide control of urinary infections through effective Terramycin and sulfamethizole concentrations in the blood and urine, plus the prompt analgesic effect of phenylazo-diamino-pyridine upon the inflamed mucosa. Each Urobiotic Capsule contains 125 mg. Cosa-Terramycin (oxytetracycline with glucosamine), 250 mg. sulfamethizole, and 50 mg. phenylazo-diamino-pyridine HCl.

INDICATIONS: Urobiotic is indicated in the treatment of a number of common genitourinary infections caused by susceptible organisms. It may also be used prophylactically before and after genitourinary or pelvic surgery, following instrumentation procedures, during the use of retention catheters, and in patients with conditions such as cord bladder or cystocele.

DOSAGE: In adults, a dose of 1 or 2 capsules four times daily is suggested, depending upon the severity and response of the infection. In children under 100 lbs., the suggested average dose is 1 capsule four times daily; in children under 60 lbs., 1 capsule three times daily. Therapy should be continued for a minimum of 7 days or until bacteriologic cure.

CONTRAINDICATIONS: Urobiotic may be contraindicated in patients with chronic glomerulonephritis, hepatitis, hepatic failure, uremia, and obstructive lesions of the urinary tract, and should not be used in patients sensitive to any of its components.

PRECAUTIONS: The use of broad-spectrum antibiotics may in rare cases result in an overgrowth of nonsusceptible organisms, such as monilia or staphylococci. Should such superinfection occur, therapy with Urobiotic should be discontinued and specific therapy instituted as shown by susceptibility testing. The usual precautions for sulfonamide therapy should be followed when using Urobiotic.

SUPPLY: Urobiotic capsules, yellow and grey with "Pfizer" imprint, bottles of 50.

Detailed professional information is available on request from Pfizer Laboratories Medical Department.

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which meant that our entire system was geared to democratic methods and goals. That, in turn, implied certain important economic corollaries.

Capitalist Boss a Myth

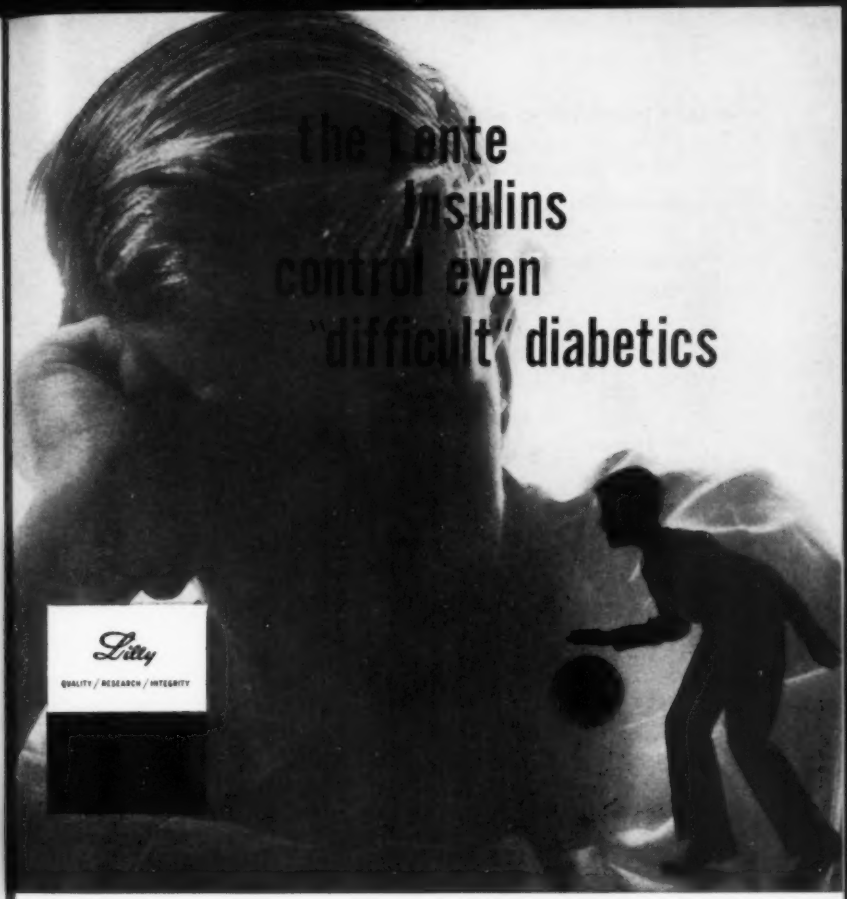
The first of these corollaries is that the men who held economic power did not necessarily hold political power. This stubborn fact ran absolutely counter to the economic theory of Marxian socialists. Their doctrine insisted that in the class struggle between capital and labor, capital would always control the government and would use the police and the judges and the legislators as its tools against the workers and the common people.

Of course, property interests in America have consistently tried to influence the government, and they have sometimes succeeded—just as in a democracy the interests of agriculture or of organized labor or of debtor groups have also tried and sometimes succeeded.

For some years after World War I, property interests enjoyed a relatively favored position. But this ended abruptly in 1933 when the New Deal launched a program that was designed to bring the interests of agriculture and of organized labor into balance with the interests of business and industry.

After twenty years in office, the heirs of the New Deal were at last defeated. But under the Eisenhower Administration, the basic New Deal policies—support for agriculture, collective bargaining for labor, regulation for business, social security, and redistribution of wealth through taxation —have been maintained as religiously as if they were part of the Constitution itself.

The fact that the masters of capital have never been in really full control means that they have never been able to



About 85 percent of all diabetic patients can be controlled with a single daily injection of Lente Iletin®. Many patients in the remaining group can obtain equally good control with a mixture of Lente and either Ultralente or Semi-lente Iletin.

The three Lente preparations can be mixed with one another in any ratio. Thus, they offer a wider range of Insulin activity than can be produced by any other type of Insulin.

The Lente Insulins reduce the risk of allergic reactions. They are crystalline pure—free of modifying proteins.

Supplied in U-40 and U-80 strengths at all pharmacies.

Iletin® (Insulin, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

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set the goals of the American economy. Instead—and this is a second major economic corollary of the democratic commitment—the goals of the economy have been set by the democratic philosophy rather than by the theory of capitalism.

Historically, what have the American people expected of their economy?

Our Basic Economic Policy

If we look not to theory but to experience, we may find that the only economic policy that the American people have always insisted upon and consistently applied is that the system should operate in such a way as to give the bulk of the population access to the sources of wealth.

At the birth of American democracy, the chief source of wealth was still in the form of an immense area of land suitable for cultivation. Europe's class society had been built upon the scarcity of land, which made the common people dependent upon the landlords. But in America there was a vast public domain in the hands of government.

The policy adopted was not to conserve this asset nor to use it primarily as a source of public revenue, but to sell it so cheaply that almost anyone could own land. Beginning in 1863 with the Homestead Act, we actually gave land away in plots of 160 acres to anyone who would occupy and improve it.

As the country developed, new ways of sharing in America's richness began to appear. When they did, our economic policies were changed accordingly.

A time came when ownership of land was no longer enough and when farmers needed to get their crops to market in order to enjoy the benefits of the economy. At that

Continued on page 220

XUM

safe and practical treatment of the postcoronary patient

A basic characteristic of the postcoronary patient, whether or not cholesterol levels are elevated, is his inability to clear fat from his blood stream as rapidly as the normal subject.[1-3] **Figure #1** graphically illustrates this difference in fat-clearing time by comparing atherosclerotic and normal subjects after a fat meal.[3]

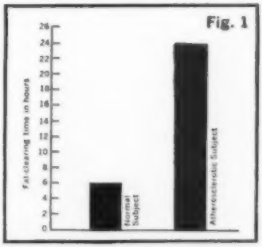
"Slow clearers" gradually accumulate an excess of fat in the blood stream over a period of years as each meal adds an additional burden to an already fat-laden serum. As shown in **figure #2,** the blood literally becomes saturated with large fat particles, presenting a dual hazard to the atherosclerotic patient: the long-term danger of deposition of these fats on the vessel walls,[4] and the more immediate risk of high blood fat levels after a particularly heavy meal possibly precipitating acute coronary embarrassment.[5]

In **figure #3,** the test tube at the left contains lipemic serum, while the one at the right contains clear, or normal serum. If serum examined after a 12-hour fasting period presents a milky appearance, this is a strong indication that the patient clears fat slowly and is a candidate for antilipemic therapy in an effort to check a potentially serious situation.

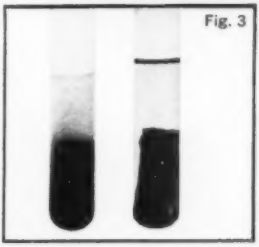
'Clarin', which is heparin in the form of a **sublingual tablet,** has been demonstrated to clear lipemic serum.[2,6,7] Furthermore, a two-year study using matched controls resulted in a statistically significant reduction of recurrent myocardial infarction in 130 patients treated with 'Clarin'.[8]

'Clarin' therapy is simple and safe, requiring no clotting-time or prothrombin determinations. Complete literature is available to physicians upon request.

References: 1. Anfinsen, C. B.: Symposium on Atherosclerosis, National Academy of Sciences, National Research Council Publication 338, 1955, p. 218. 2. Berkowitz, D.; Likoff, W., and Spitzer, J. J.: Clin. Res. 7:225 (Apr.) 1959. 3. Stutman, L. J., and George, M.: Clin. Res. 7:225 (Apr.) 1959. 4. Wilkinson, C. F., Jr.: Annals of Int. Med. 45:674 (Oct.) 1956. 5. Kuo, P. T., and Joyner, C. R., Jr.: J.A.M.A. 163:727 (March 2) 1957. 6. Fuller, H. L.: Angiology 9:311 (Oct.) 1958. 7. Shaftel, H. E., and Selman, D.: Angiology 10:131 (June) 1959. 8. Fuller, H. L.: Circulation 20:699 (Oct.) 1959.







Indication: For the management of hyperlipemia associated with atherosclerosis, especially in the postcoronary patient.

Dosage: After each meal, hold one tablet under the tongue until dissolved.

Supplied: 'Clarin' is supplied in bottles of 50 pink, sublingual tablets, each containing 1500 I.U. of heparin potassium.

*Registered trade mark. Patent applied for.

Clarin*

(sublingual heparin potassium, Leeming)

Thos. Leeming & Co., Inc.
New York 17, N. Y.

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EFFECTIVENESS OF "MUREL"-S.A. IN SPASM VISUALLY CONFIRMED

55 year old male with symptoms of partial obstruction of the stomach; nausea and vomiting.



March 1st, 1960: Large dilated stomach with incomplete pyloric obstruction. Etiology undetermined.

Patient placed on "Murel"-S.A. — 2 tablets b.i.d. for one week — plus bland diet. No other medication.



March 10th, 1960: Stomach of normal size and tone. Large ulcer crater now visualized in the region of previously noted pyloric spasm and incomplete filling.

Medical Records of Ayerst Laboratories

in G.I., G.U. and Biliary SPASM

"Murel"-S.A.

Sustained Action Tablets

prompt, continuous and prolonged antispasmodic action for 6 to 9 hours with a single tablet

"MUREL" Advantages[1-4]

- Exceptionally effective clinically because three-way mechanism of action in one molecule (anticholinergic, musculotropic, ganglion-blocking) exerts synergistic spasmolytic effect
- Complementary action permits significantly low dosage and reduces reaction potential of any one mechanism
- Remarkably free from drug-induced complications such as mouth dryness, visual disturbances, urinary retention

Suggested Average Dosage: 40 to 80 mg. daily, depending on condition and severity. The higher range of dosage is usually required in spasm of the genitourinary and biliary tracts. One "Murel"-S.A. Sustained Action Tablet morning and evening. *When anxiety and tension are present,* "Murel" with Phenobarb-S.A. is suggested.

Available as: No. 315—"Murel"-S.A., 40 mg. Valethamate bromide; and No. 319—"Murel" with Phenobarb-S.A., with ½ gr. phenobarbital, present as the sodium salt. Both in bottles of 100 and 1,000.

Also available: "Murel" Tablets No. 314—10 mg. Valethamate bromide; "Murel" with Phenobarbital Tablets No. 318—10 mg. Valethamate bromide and ¼ gr. phenobarbital.

"Murel" Injectable No. 405—10 mg. Valethamate bromide per cc.

Precautions: As with other antispasmodic agents, caution should be exercised in patients with prostatic hypertrophy, glaucoma, and in the presence of cardiac arrhythmias.

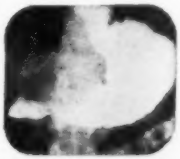
References available on request.

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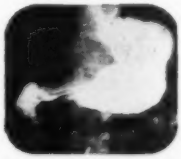
for acute, severe episodes
"MUREL" Injectable

Female patient, age 55, complaining of nausea and epigastric discomfort after meals.

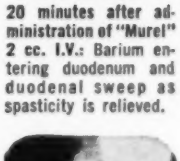
Diagnosis: Hiatus hernia and gastric ulcer.



1 hour after barium administration: Retention of barium due to spasticity of the gastric outlet, and incomplete visualization of the pylorus, duodenum and duodenal sweep. (Some barium has entered the small bowel.)



20 minutes after administration of "Murel" 2 cc. I.V.: Barium entering duodenum and duodenal sweep as spasticity is relieved.



10 minutes later: Good filling of the gastric outlet as well as of the duodenal sweep.

Medical Records of Ayerst Laboratories **6027**

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point, government did not hesitate to build at public expense a network of turnpikes and canals.

Later still, economic opportunity in America took the form of projects that were too large for one man or one group of partners to finance—projects such as manufacturing textiles, constructing railroads, smelting ores, or refining oil. When this happened, government responded by adopting laws that enabled men to pool their capital in corporations. Ultimately, the courts recognized these corporations as "persons" and extended to them all the safeguards that the Constitution gave to the property and rights of real persons.

We adjusted our position whenever it became necessary. By the twentieth century, millions of Americans found access to their modest share of America's wealth not through land, nor through markets, nor through enterprises of their own, but through jobs—mostly industrial jobs. In the 1930s, an economic crisis caused unemployment on so large a scale that this segment of the population lost its means of sharing in the economy.

When this happened, government again did, in a new way, what it has consistently done. It took steps to safeguard the position of the wage worker and thus to keep open the channels to the benefits in the economy.

The Democratic Goal

Viewed in this way, the great economic transformation of the 1930s was not, as is so often supposed, a revolutionary departure from our traditional principles. We had never been committed to government nonintervention. Instead, we had been committed only to the democratic goal of opening the economic possibilities of the nation to the American

Continued on page 224



5-fold[1] ORAL B_{12} absorption for improved Geriatric appetites... Cynal

Ion-exchange B_{12} provides unique superiority over previous oral forms of the vitamin. Present in Cynal as L. B.® 12, ion-exchange B_{12} protects against gastric destruction and provides up to 5 times the usual oral absorption.[1]

With vitamin B_{12} therapy, beneficial effects on appetite and well-being have been observed in patients showing marked deficiency. In the aged, deficiencies of B_{12} are common[1] and have been rapidly corrected[1] with ion-exchange B_{12} therapy.

Cynal provides not only generous amounts of B_{12} but also B_1 and B_6 as valuable adjuncts to absorption.[2]

EACH "CHERRO-CHEW" TABLET CONTAINS:

Thiamine mononitrate (vitamin B_1)	10 mg.
Vitamin B_{12} (as L. B.®12*)	25 mcg.
Pyridoxine hydrochloride (vitamin B_6)	5 mg.

*Lloyd's absorption-enhancing complex of vitamin B_{12} (B_{12} from Cobalamin Concentrate).

DOSE: One tablet per day.

SUPPLIED: Bottles of 50 tasty "Cherro-Chew" tablets.

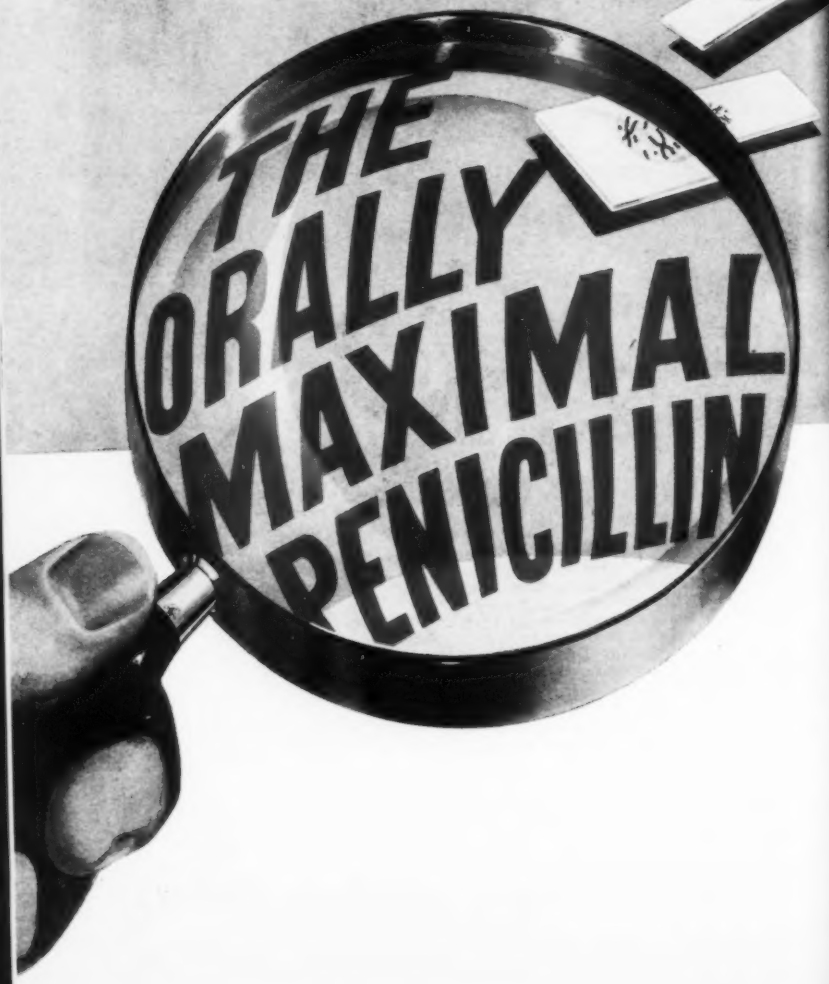
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2. Chow, B. F., et al.: Am. J. Clin. Nutrition 6:386, 1958.

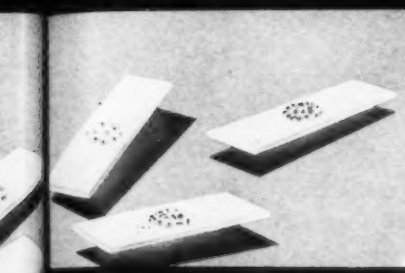


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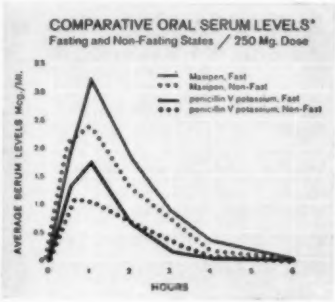




MAXIPEN

MAXIMAL ABSORPTION Acid stable, extremely soluble. MAXIPEN is rapidly absorbed from the gastrointestinal tract.

MAXIMAL BLOOD LEVELS Substantially higher than potassium penicillin V (higher levels than with intramuscular procaine penicillin G). You get injection levels with a tablet.



*Based on 3294 individual serum antibiotic determinations. Complete details on request.

MAXIMAL FLEXIBILITY May be administered without regard to meals. However, highest absorption is achieved when taken just before or between meals.

MAXIMAL ORAL INDICATIONS Indicated in infections caused by streptococci, pneumococci, susceptible staphylococci, and gonococci, including:

- pneumococcal pneumonia
- gonorrhea
- tonsillitis
- laryngitis
- otitis media
- streptococcal pharyngitis
- impetigo
- susceptible staphylococcal abscesses (with indicated surgery)
- cellulitis
- lymphangitis
- pyoderma

Also prophylactically in secondary infections following tonsillectomy, dental extractions, other surgical procedures.

Dosage: For moderately severe conditions, 125 to 250 mg. three times daily. For more severe conditions, 500 mg. as often as every four hours around the clock.

Note: To date, MAXIPEN has not shown less allergic reactions than older oral penicillins. Usual precautions regarding administration should be observed.

Supplied: MAXIPEN TABLETS, scored, 125 mg. (200,000 units) bottles of 36; 250 mg. (400,000 units) bottles of 24 and 100. MAXIPEN FOR ORAL SOLUTION; reconstituted each 5 cc. contains 125 mg., in 60 cc. bottles.

Triumph of Man Over Molecule

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people. If laissez-faire would do it, well and good. But if not, other means could, would, and should be used.

The democratic goal has played a more vital part than economic theories in shaping American economic policy. At the same time, the second goal, that of abundance, has also been vital. For we have had from the beginning a vision of America as a land of plenty.

A New Concept

The birth of the American republic came at almost precisely the turning-point in history when deprivation ceased to be the natural and inevitable condition of mankind. From the dawn of recorded time, man's means of getting food, clothing, and shelter had been so limited that population invariably ran ahead of the supply of necessities. So long as this condition prevailed, poverty seemed a natural fact of life and not a defect in the economy.

Even the early economists who advocated capitalism did not expect it to change this condition. One of the foremost of them, David Ricardo, expressed their general opinion when he said that "there is no way of keeping profits up but by keeping wages down." He formulated a so-called iron law of wages that clearly condemned the workers to live at the level of bare subsistence.

Today we usually overlook the fact that Marx and the capitalist economists held in common the belief that industrialism would degrade the worker. Actually, Marx was not at all original in predicting a vast chasm between the rich and the poor. His ideas were distinctive mostly because he viewed with indignation a prospect that others viewed with indifference; he predicted the end would be revolution.

The American economy today is as far from Ricardo as

Continued on page 228



BAD DIGESTION INCLINES ONE TO SKEPTICISM, INCREDULITY, BREEDS BLACK FANCIES AND THOUGHTS OF DEATH JOSEPH CONRAD

When bad digestion is the consequence of digestive enzyme deficiency, Entozyme may dispel dreary symptoms such as pyrosis, flatulence, belching, and nausea, for it is a natural supplement to digestive enzymes. It provides components with digestive enzyme activity: **Pepsin,** N. F., 250 mg., **Pancreatin,** N. F., 300 mg., and **Bile Salts,** 150 mg. Because Entozyme is actually a tablet-within-a-tablet, these components are freed in the physiological areas where they occur naturally. Entozyme has proved useful in relieving many symptoms associated with cholecystitis, post-cholecystectomy syndrome, pancreatitis, sub-total gastrectomy, infectious hepatitis, and a variety of metabolic diseases.

A. H. ROBINS CO., INC.
RICHMOND 20, VA.

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NEW | **tablet form convenience**

easy-to-carry and easy-to-take

TO CONTROL BACTERIAL

POLY

Polymyxin B Sulfate, Dihydrostreptomycin Sulfate, and Pectin with CLAYSORB* (Activated Attapulgite, Wyeth) and Hydrated Alumina Powder, Wyeth *Trademark

Wyeth Laboratories Philadelphia 1, Pa.

100 ANNIVERSARY Wyeth ®

A Century of Service to Medicine

new potent antidiarrheal tablets

convenient for traveling or at-home-use

plus

all the high effectiveness of liquid POLYMAGMA

superior adsorbency controls diarrhea

Activated adsorbent Claysorb in POLYMAGMA tablets is 5 times more adsorbent than kaolin.

bactericidal action destroys pathogens

Two antibiotics—polymyxin and dihydrostreptomycin—provide potent synergistic bactericidal action against most enteric pathogens. Systemic adsorption of oral polymyxin and dihydrostreptomycin is negligible.

Claysorb adsorbs enteric viruses

New *in vitro*† study shows Claysorb is 98-99% effective in adsorbing viruses Coxsackie, ECHO and poliovirus types 1,2,3.

†Bartell, P., Pierzchala, W., and Tint, H.: J. Am. Pharm. A. (Sc. Ed.) 49:1 (Jan.) 1960.

For further information on prescribing and administering POLYMAGMA see descriptive literature, available on request.

Supplied: Bottles of 48 tablets. Each tablet contains: polymyxin B sulfate 25,000 units, dihydrostreptomycin base (as sulfate) 75 mg., Claysorb (activated attapulgite, Wyeth) 350 mg., pectin 45 mg., and hydrated alumina powder 70 mg.

DIARRHEA

in patients traveling or on the job

MAGMA® Tablets

it is from Marx. It has been based from the beginning upon a rejection of their idea that the exploitation of labor was inevitable. In a century and a half, man has broken all the old barriers that limited his productivity. He has revolutionized the proportion of goods to population. When he did this, he could for the first time regard cold and raggedness and hunger not as part of man's sad lot on earth, but as the result of wholly unnecessary social failure.

A New Economy

When Americans saw for the first time the possibility of having more than enough to go around, they set themselves another goal that fitted well with the goal of democracy. This was the goal of creating a rich economy with a wide distribution of material benefits. It was an attainable goal, but it was an immense job, and a new kind of job.

For such a purpose, capitalism was ideal. Hence the ways of capitalism were adopted wholeheartedly. If the system sometimes worked brutally, and some people got hurt, that was to be expected. But essentially, the goal was a social goal of abundance. Productivity was valued not, for instance, as Hitler valued it, because it strengthened the state, but because it enriched the people.

Henry Ford illustrated the way in which American capitalism lent itself to the abundance drive. His goal was not only to make an automobile that he could sell for a profit; it was also to make one so priced that anyone could hope to own it, after which he would pay wages that would put his own industrial workers in the automobile-buying class.

The American commitment to abundance has shown itself in many ways. It shows in our faith that the economy can support a large proportion of the population, namely, those younger than 20 or those older than 65, in nonproduc-

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...clinicians concur that ILOSONE® WORKS

In a recent study, 39 staphylococcus infections in infants and children were treated with the lauryl sulfate salt of Ilosone. The authors reported that a number of these were severe infections ". . . with hospital-acquired, drug-resistant strains and had been unsuccessfully treated with other antibacterial agents . . . 10 had bacteremia. Many of the patients had multiple clinical expressions of infection concurrently. . . . *Of the 39 with staphylococcal infections . . . a satisfactory response was obtained in 33.*"[1]

This confirms typical findings in adult patients. For example:

"In our hands it has been *particularly effective . . . in staphylococcic disease.*"[2]

". . . *well tolerated and effective, particularly in staphylococcal diseases.*"[3]

Pediatric Forms: SUSPENSION, 125 mg., base equivalent, per 5-cc. tsp.; and DROPS, 5 mg., base equivalent, per drop.

Pediatric Dosage: Children, 10 pounds, 50 mg. q. 6 h.; 25 pounds, 125 mg. q. 6 h.; 50 pounds or more, 250 mg. q. 6 h.

1. Antibiotics Annual, 1959-1960.
2. J.A.M.A., *170*:184, 1959.
3. Antibiotics Annual, 1959-1960.

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tive activities. It shows in our completely realistic expectation that we shall have, at the same time, more leisure and more goods. It shows in our respect for spending and in our contempt for stinginess or even frugality.

How well has the American economy attained its democratic goal and its goal of abundance? By almost any measure, it has succeeded in both goals to an almost incredible degree.

The Secret of Our Success

This success has resulted from the high productivity of the American economy. By 1948 it had reached a point where the United States, with little more than 6 per cent of the world's population and 7 per cent of the world's area, produced about 41 per cent of the world's output of goods and services and very close to one-half of the world's industrial output.

This amazing productivity has been achieved, of course, by using more and more machinery and power to make each man-hour of work yield more. Thus:

¶ A century ago, machines supplied only 6 per cent of all energy used in production; men supplied 15 per cent, and animals supplied 79 per cent.

¶ By 1960, machines supplied 96 per cent, with only 3 per cent furnished by men and 1 per cent by animals.

American enterprise has an investment of more than $10,000 in plant for every worker. This means that the employe is less a laborer than a supervisor of the labor performed by machines. With such facilities, we have steadily raised output per man-hour of work from 33 cents in 1850 (measured by 1950 prices) to $2.03 by 1952.

Such an economy has been ideally suited to the fulfillment

Continued on page 234

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Proved by a Decade of Experience
Confirmed by 1700 Published Reports
Attested by World-Wide Usage

Since its anti-inflammatory properties were first noted in Geigy laboratories 10 years ago, time and experience have steadily fortified the position of Butazolidin as a leading nonhormonal anti-arthritic agent. Indicated in both chronic and acute forms of arthritis, Butazolidin is noted for its striking effectiveness in relieving pain, increasing mobility and halting

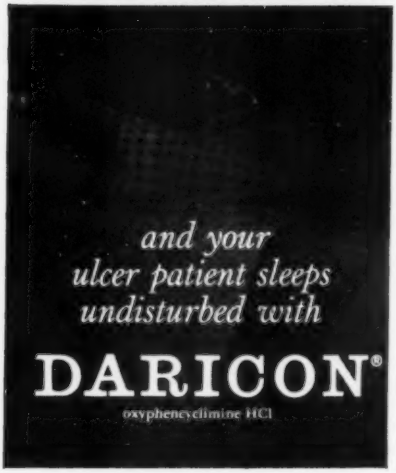


*Butazolidin®, brand of phenylbutazone: Red, sugar-coated tablets of 100 mg. Butazolidin® Alka: Orange and white capsules containing Butazolidin 100 mg.; dried aluminum hydroxide gel 100 mg.; magnesium trisilicate 180 mg.; homatropine methylbromide 1.25 mg.

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Just 2 DARICON tablets – one in the morning and one at bedtime – can provide round-the-clock relief from ulcer pain.

INDICATIONS: DARICON is an effective adjunct in the management of duodenal ulcers and other gastrointestinal disorders caused by spasm, hypermotility or hypersecretion.

ADMINISTRATION & DOSAGE: One 10 mg. tablet b.i.d. (morning and night). Adjust according to response.

SIDE EFFECTS: As with other anticholinergic agents, undesirable effects occasionally appear. Dryness of mouth is the most common of these peripheral effects. Blurring of vision, constipation, and urinary hesitancy are rare, and usually can be minimized with dosage adjustment or may disappear on continued therapy.

PRECAUTIONS: Care should be exercised in using DARICON in patients with prostatic cancer, in whom urinary retention may occur. In patients with glaucoma, DARICON should be used only with ophthalmologic supervision and approval.

SUPPLY: White, scored 10 mg. tablets.

Detailed professional information is available on request from Pfizer Laboratories Medical Department.

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of both the democratic goal of widespread diffusion of benefits and the abundance goal of a high standard of living.

As to the diffusion of benefits, it has always been conspicuously true that the bulk of the American population shared in the good things of the economy. Throughout our history, travelers from other countries have remarked how well dressed American workers were and what attractive homes they lived in. For a long time there were no statistics to back these observations, but for the last generation we have reasonably accurate measurements.

How the Wealth Is Distributed

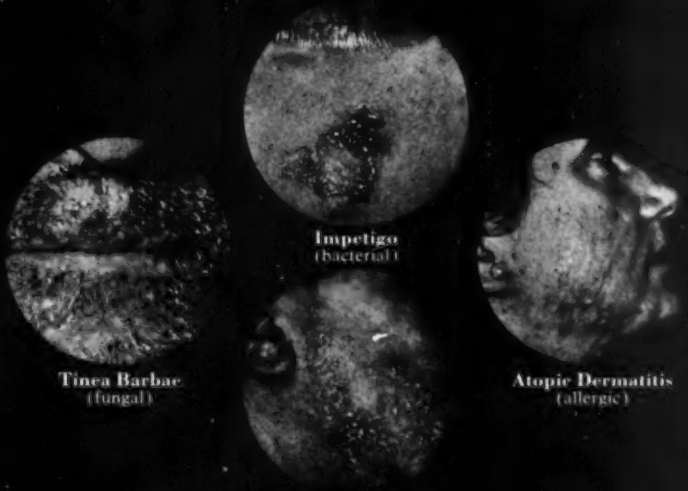
These show, for instance, that as late as 1936 only 30 per cent of American families had incomes above $3,000 as measured in 1950 dollars. But by 1953, 63 per cent of all families stood above this figure.

In 1936, approximately 20 per cent of all families had incomes of less than $1,000 at 1950 prices. By 1953, only 10 per cent stood at this low level.

These changes were accomplished less by increasing the proportionate shares of the groups in question than by raising the totals for everyone. The proportions of wealth going to various brackets have remained surprisingly steady through the Depression and the New Deal, through the war boom, the war, and the postwar period. The upper 50 per cent of the population got 78 per cent of the money income of the nation in 1929. It was still getting 77 per cent in 1955, *after taxes.*

As for abundance, the variety of ways in which statisticians have tried to measure the American standard of living is almost unlimited. Some suggestion of the level of living is conveyed by the fact that, in 1951, 66.5 per cent of all American families owned an automobile. In 1950, 63.8 per

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Anti-allergic and anti-inflammatory—hydrocortisone acetate, 10 mg. (1%) / Antifungal—calcium undecylenate, 50 mg. (5%) / Antibacterial—neomycin sulfate, 5 mg. (0.5%) / Directions: Apply to affected areas 2 or 3 times daily, or as directed. Supplied: 7 Gm. and 20 Gm. collapsible tubes.

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cent of all the occupied dwelling units in the United States were detached, one-unit buildings, and 60 per cent of them averaged enough space to provide a ratio of four rooms for every three dwellers. Of these dwelling units, 50 per cent boasted central heating, 69 per cent had private baths, 73 per cent had modern cookstoves, 80 per cent had mechanical refrigerators, 83 per cent had running water, 94 per cent had electricity, and 95 per cent had radios. By 1957, 80 per cent had television sets.

Two decades earlier, all these advantages (except perhaps radios) had been confined to a minority of the population.

In a comparison with other countries, the advantage enjoyed by the United States is proverbially invidious. In 1949, the per capita income in the United States had a value of $1,453. At that time the figure in no other country stood above $900, and only in New Zealand, Canada, and Switzerland was it above $800. In the United Kingdom it was $723; in the Soviet Union, $308. The highest figure in any country in Latin America was $346, in Argentina. The lowest was $40, in Haiti and Ecuador.

Perhaps the most convincing proof of the extent to which the American standard has soared above the physical necessities is not statistical at all. It lies in the fact that Americans no longer buy most of their purchases in response to actual physical need. Need has been transcended as an economic stimulus, and goods are bought for comfort, convenience, recreation, style, or prestige.

Of, For, and By the People

By the middle of the twentieth century, the American economy had poured forth more wealth and had rained it upon more of the people than any previous economy in history. It had achieved these results while using the basic

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methods of capitalism, and apparently because it used them. Yet the American economy of abundance and of wide diffusion of wealth is such a far cry from the capitalism of labor-exploitation and extremes of poverty and opulence that more than one writer has suggested that the term "capitalism," by itself, hardly fits.

Professor Sumner Slichter of Harvard called our economy a "laboristic economy." Adlai Stevenson called it a "democratic capitalism." Recent efforts have been made to win currency for the term "people's capitalism," reclaiming from the Communists a word they have almost taken away from us—though it is the third word in our Constitution—to characterize a capitalism that has outstripped all Socialist programs in the attainment of welfare goals once regarded as distinctively socialistic.

Whether any of these terms takes a permanent hold is less important than whether the ideas behind them become generally understood. They all suggest that the American economy is a unique system that uses the capitalistic devices of private property, financial incentives, and the free market but combines these with heavy infusions of governmental regulation and of control of the distribution of wealth through taxation—all as devices to achieve the goals of material abundance democratically shared.

A Mixed Blessing

In view of its phenomenal success, it is ironical that even its stoutest defenders view it with a certain measure of anxiety and sometimes pessimism. It is all the more ironical that much of this concern arises from our supreme triumph: our high productive capacity.

When the American productive system runs at full steam,

Continued on page 242

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TRICOFURON IMPROVED (Suppositories and Powder) cured 143 of 161 patients with vaginitis due to Trichomonas vaginalis, Candida (Monilia) albicans, or both. "Almost immediate symptomatic improvement was noted with the first insufflation." Criteria for cure: freedom from infecting organisms as well as symptoms on repeated examinations during a three-month follow-up. This cure rate of 88.8% is "surprisingly similar" to results reported by earlier investigators.

Coolidge, C. W.; Glisson, C. S., and Smith, A. S.: J.M.A. Georgia 48:167, 1959.

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2-step treatment brings swift relief, eradicates stubborn trichomonads, Candida (Monilia) albicans, Hemophilus vaginalis

1. **POWDER** for weekly insufflation in your office. MICOFUR®, brand of nifuroxime, 0.5% and FUROXONE®, brand of furazolidone, 0.1% in an acidic water-dispersible base.

2. **SUPPOSITORIES** for continued home use—1st week, one suppository in the morning and one on retiring. After 1st week, one suppository at night may suffice. Continue use of suppositories during menses. Treatment should be continued throughout a complete menstrual cycle and for several days thereafter. MICOFUR 0.375% and FUROXONE 0.25% in a water-miscible base.

Rx new box of 24 suppositories with applicator for more practical and economical therapy. Also available: box of 12 suppositories with applicator.

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The miseries of respiratory allergy can be relieved so effectively with Triaminic.[1-5] Triaminic contains two antihistamines plus the decongestant, phenylpropanolamine, to help shrink the engorged capillaries, reduce congestion and bring relief from rhinorrhea and sinusitis.[1] Oral administration distributes medication to *all* respiratory membranes without risk of "nose drop addiction" or rebound congestion.[2, 3]

Each Triaminic timed-release Tablet provides:

Phenylpropanolamine HCl	50 mg.
Phenyramine maleate	25 mg.
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TRIAMINIC JUVELETS®—

½ the formulation of the Triaminic Tablet with timed-release action.

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each teaspoonful (5 ml.) provides ¼ the formulation of the Triaminic Tablet.

References: 1. Fabricant, N. D.: E. E. N. T. Monthly **37**:460 (July) 1958. 2. Lhotka, F. M.: Illinois M. J. **112**:259 (Dec.) 1957. 3. Farmer, D. F.: Clin. Med. **5**:1183 (Sept.) 1958. 4. Fuchs, M.; Bodi, T.; Mallen, S. R.; Hernando, L., and Moyer, J. H.: Antibiotic Med. & Clin. Ther. **7**:37 (Jan.) 1960. 5. Halpern, S. R., and Rabinowitz, H.: Ann. Allergy **18**:36 (Jan.) 1960

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it can readily turn out goods in greater quantity than consumers are able to buy with their current purchasing power. In times of prosperity, steadily increasing demand leads producers to anticipate future increases. Therefore they produce goods in excess of existing demand. When they encounter difficulty in selling, they are likely to sell on time-payment plans. Thus they are using up the purchasing power of the future as well as of the present.

When this process has gone as far as it can, the fact that producers have anticipated the future makes the reaction all the more severe. During the reaction, output is reduced, and the reduction causes unemployment. Unemployment leads to a decline in consumer purchasing power, which in turn causes more unemployment.

This is the dreaded business cycle of boom and bust.

The downswing of the business cycle mocks the American economy because it negates all the accepted values of the system. It decrees that, although we have sweated to create productive capacity, we must let part of this capacity lie idle. It dictates that, although we have the physical means to fulfill the dream of abundance, men must suffer want in order that the economy may be cured.

The Perennial Problem

And one of its many consequences is usually to destroy the uneasy harmony between the free-market components and the government-regulation components in the mixed economy. Often it precipitates a grim conflict between the adherents of the two underlying ideas. For the mixed economy is almost like an automobile with dual controls: Ideally, either set of controls should work if the other fails. But if the two drivers disagree, there's often a battle over which set of controls is to be used.

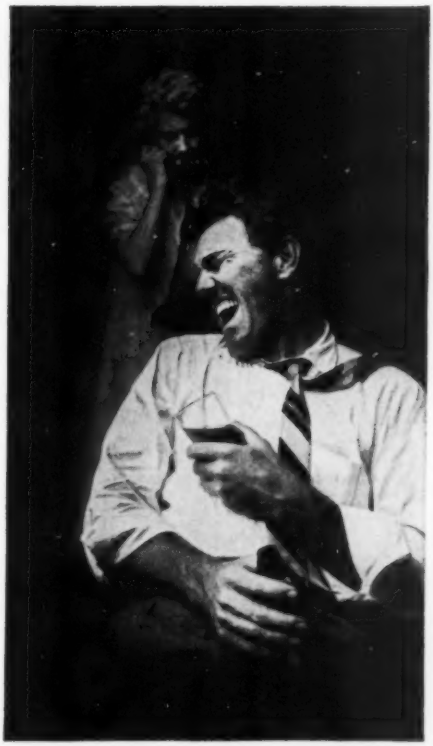
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In theory, the advocates of government action to stabilize the fluctuations of the cycle have much the stronger case. Basically, they argue that if a nation has the productive capacity to supply the needs of the population, it is nonsense to let the working of a blind, deterministic system prevent this potentiality from being used.

Economic stability depends, they say, upon maintaining just the right amount of money in the hands of the public to buy the products of the economy. If there is too much money and it overstimulates production, the excess should be drawn off by increasing taxes and putting the revenue in the treasury where it will not be spent. If there is not enough money, and this causes a serious slackening of production, the insufficiency should be met by reducing taxes or by government spending, both of which will place more purchasing power in the hands of the public.

This, we might say, is the attitude of one driver. But at the other set of controls sits the driver who believes in letting nature take its course.

The Managed Economy at Issue

If he is an unsophisticated fellow, he simply does not believe what the advocates of a managed economy say. He argues that a "correction" must follow a boom as a hangover follows a spree, and that some people are bound to suffer. He talks about the impossibility of repealing the law of supply and demand.

If he has a measure of sophistication, however, he avoids these proverbial sayings. He may even admit that, in terms of pure logic, there are no fallacies in the argument for government action. But, at heart, he still believes that the theory is *politically* unworkable.

He observes that it is always popular to cut taxes and to

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vote appropriations in time of depression; this half of the formula can be applied easily enough. But, he insists, it is immensely unpopular to increase taxes and curb the effervescence of the economy in times of prosperity. He suggests that when the theory is actually translated into political terms, it becomes large deficits regularly and marginal surpluses occasionally. In the twenty-five years from 1932 through 1956, there were twenty-one deficit years and four surplus years.

Public Spending

He also points out that we steadily raise the base of Federal expenditure upon which additional spending has to be superimposed. Thus:

¶ In 1933, the New Deal moved Federal spending up $2 billion from a $5 billion base;

¶ But in 1957, it was necessary to move up from a base of over $60 billion—and at a time when even $38 billion per year of defense spending was not enough to keep the economy from sagging.

Thus it would seem that if public spending is to be the cure, it must be administered in massive doses indeed. In fact, it may be argued that New Deal spending had not cured the 1929 Depression when World War II broke out, and that for thirty years now we have got along without a solution to the basic problem of bringing our productive capacity into balance with peacetime consumer demand.

So although they may agree on several theories and several facts, the two would-be drivers find themselves at variance on specific remedies.

It does seem clear that a succession of chronic deficits can be covered only by chronic increases in government debt. At a certain point—and the location of that point is,

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of course, fiercely disputed—the burden of debt forces the government into a policy of partial and concealed repudiation by the simple expedient of reducing, by inflation, the value of the dollars in which the debt is to be paid.

We have already had some repudiation of this kind, and we are likely to have more. This merely shifts the burden of government spending from the shoulders of taxpayers to those of people with fixed or semifixed incomes, such as endowed universities, workers in fields where wages tend to remain static, old-age pensioners, holders of insurance policies, and everyone else who is unlucky enough to have to live in the future on the same dollar income he has in the present.

The Eternal Seesaw

While the control of depressions is the most urgent problem in the American economy, there are others of formidable character. Though depression presents the danger of inflation through chronic deficit operations by government, prosperity also poses the threat of inflation through the operation of the so-called price-wage spiral.

When the economy is running at a high rate of productivity, there is virtually full employment, and the demand for labor is strong. It is then relatively easy for labor to demand wage increases and get them. In such circumstances, it is generally easier for industry to meet these demands and to compensate for them by raising prices than it is to resist them. The result is that wages and prices reciprocally push each other up.

It is always difficult to say where the responsibility lies in this process. But it remains painfully clear that if we run the economy at full capacity under prevailing conditions, wages and prices tend to increase more rapidly than the

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output of goods increases. This is, by definition, inflation—again something to be paid for by those who have to live in the future on the same dollar income that they receive at present.

These problems are urgent because of their immediacy. Others are less pressing but perhaps no less crucial in the long run. Of these, four especially deserve mention.

Our Four Major Problems

One is that we are in a dilemma because we believe that labor must have the right to strike, as part of its capacity to bargain freely; but we also believe that the public has a right to the uninterrupted performance of jobs vital to the public welfare.

Caught between these two concepts, we have no rational solution to the problem that arises when a strike by a few hundred men threatens the welfare of millions—as, for instance, in the case of a strike on the New York subway system.

Second, by emphasizing private enterprise and by advocating an ever-rising standard of living for the individual, we have given such a priority to private purchasing power and have been so suspicious of public expenditures that we have created a deep imbalance between needs that can be privately satisfied and those that must be publicly fulfilled.

For instance, we buy twenty-first-century automobiles privately; but publicly we provide nineteenth-century highways to operate them on. We buy a poor grade of public education for children who enjoy the world's highest private standard of living. And we let our cities deteriorate while we assiduously improve our homes.

Third, by demanding at the same time that the economy provide us with a shorter work week and that a greater pro-

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And Miltown has none of the additional actions that you often find in many other tranquilizers.

There are no antihistaminic, antiemetic, anticholinergic or adrenolytic effects. Furthermore, Miltown has a simple dosage schedule and does not produce cumulative effects, change in appetite or libido, ataxia, Parkinson-like symptoms, jaundice or agranulocytosis.

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Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS®– 400 mg. *unmarked*, coated tablets.

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portion of the national income be allotted to wage earners for the purchase of consumer goods, we have cut the supplies both of labor and of investment capital available for increasing our production.

The result has been that the increase in industrial productivity is less rapid than it used to be. Today it is slower than that of the Soviet Union. To those who see our struggle with world communism as a battle of productivity, this means that we are losing the battle.

Fourth, we have always used natural resources recklessly and wastefully. As our expanding population and our voracious productive system makes steadily more extravagant demands upon our resources, we face the possibility that our age of abundance will not last much longer.

Are They Insoluble?

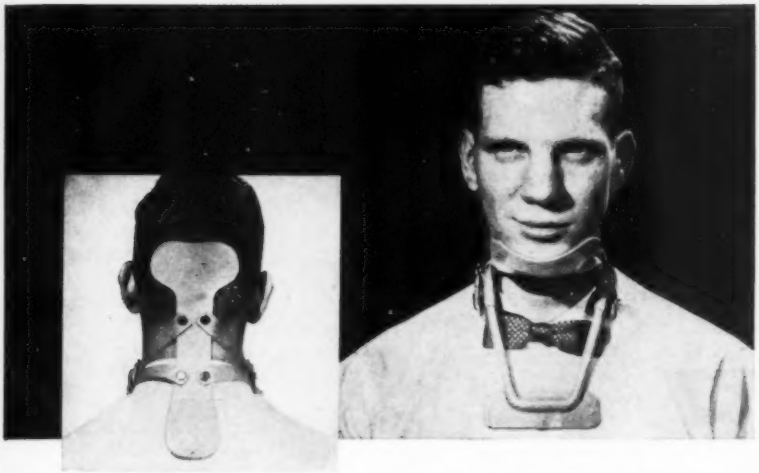
The complexity of our economic situation is well illustrated by the fact that we sometimes worry simultaneously about two opposite possibilities. We are afraid that prosperity will cause inflation through the wage-price cycle, or that depression will cause it through government spending and deficit finance. We fear that the growth of our production is too rapid in terms of using up our natural resources, and too slow in terms of keeping ahead of the Soviet Union. We are alarmed that there may not be enough consumer purchasing power to balance our productive capacity, and at the same time that wage earners are increasing their purchasing power too fast in terms of productivity. We are afraid that a depression will cause deflation, and that the efforts to correct it will cause inflation.

If it seems unlikely that we can escape all of these dangers, at least it is a comfort to be sure that we must escape some of them. END

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With the Cervibrace either flexion or extension is attained. Constructed of semi-flexible aluminum, coated with hypo-allergenic Plastisol®, the Cervibrace is, nevertheless, sufficiently rigid to maintain maximal immobilization for proper healing of ligamentous, capsular and vertebral structures[1]. Its semi-flexible property permits firm molding to a precise fit regardless of the size or shape of the head, neck or chin. Pressure is evenly and gently distributed across the occiput and counterpressure is transmitted to a broad plate over the upper sternum.

There are no aggravating pressure points on the shoulders or clavicle. A malleable posterior post support permits fractional adjustment for the most exact support angle. Because of its pliant, lightweight (only 5½ ounces) characteristics, the Cervibrace offers prompter, more complete relief and greater patient comfort. Washes easily, quickly . . . no leather or sponge rubber to chafe and irritate. Simply yet openly designed, contact points are at a minimum while maximum air circulation is assured. Available in small, medium and large sizes.

*PATENT PENDING

[1]From Jackson, R.: The Cervical Syndrome, 2nd Ed., Springfield, Ill., Courtesy of Charles C. Thomas, Publisher, July, 1958, Pg. 155.

S. H. CAMP & COMPANY, JACKSON, MICHIGAN

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What to Do if You Discover a Colleague's Mistake

Continued from page 71

ligation to his patient, who is also the patient of the doctor who erred. And he has an obligation to his own insurance company. In fact, he's got a formal contract with it. To discharge both those obligations, here's what he should do:

"First, he should tell the patient about the injury. He can speak frankly about the medical findings *without* touching on questions of fault or liability. Then it almost invariably happens that the patient asks: 'Was my other doctor at fault?' There's only one correct answer. I've been faced with that question many times, and the answer I give is always this: 'I honestly don't know. I wasn't there when he treated you.'

"The point is that I *don't* know. The question of liability is a legal matter, quite outside the physician's province. What *is* in his province is the medical aspect of the case.

"Let's suppose you discover that a foreign body—a sponge, for example—has been left in the patient during surgery. You're obligated to tell the patient about it. If you don't, you may be found guilty of fraud or concealment, even though it wasn't your original mistake. And if you're found guilty of fraud, chances are your insurance won't be valid."

Let Him Know?

"But what should you do about the doctor who made the mistake?" I asked. "Shouldn't you get in touch with him right away?"

"No," replied Dr. Sadusk. "As I've said, your second clear obligation is to your own insurance company. So, as I see it, your next step is to notify your carrier. It will help you protect your own —as well as your patient's—best interests. Then, with the company's permission, you can telephone Doctor No. 1 to tell him what you've found. After that, you can tell the patient some-

Continued on page 258

XUM

EFFECTIVE THERAPY FOR
TINEA PEDIS (ATHLETE'S FOOT) AND
OTHER RINGWORM INFECTIONS

GRIFULVIN

Griseofulvin

ORAL ANTIFUNGAL AGENT



Before treatment, T. rubrum infection.



After 2 months' treatment with GRIFULVIN.

typical response of tinea pedis to GRIFULVIN

- itching and burning relieved in **2 to 6 days**
- vesicles and scaly patches disappear completely; cultures and KOH scrapings usually become negative in **2 to 6 weeks**
- side effects are rare, mild and transitory

Average dose: 250 mg. q.i.d. Adjunctive treatment with topical keratolytic agents will aid in eradicating the fungi from the skin of the feet.

Supplied: 250 mg. scored tablets, colored aquamarine, imprinted McNEIL, bottles of 16 and 100.

Blank, H.; Smith, J. G., Jr.; Roth, F. J., Jr., and Zaias, N.: J.A.M.A. 171:2168 (Dec. 19) 1959.

Photographs courtesy of Harvey Blank, M.D., Miami, Florida

McNEIL McNEIL LABORATORIES, INC • PHILADELPHIA 32, PA.

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when anxiety accompanies
somatic complaints . . .

STELAZINE®

brand of trifluoperazine

the outstanding tranquilizer
that relieves anxiety and restores normal drive

When 'Stelazine' was given, along with appropriate specific medication, "marked relief of emotional and physical symptoms was obtained in 82% of the [120] patients studied.

"Outstanding results were obtained in the patients with gastrointestinal symptoms. . . . In depressed patients, there was a notable restoration of energy and drive, without euphoria."

Phillips, F.J., and Shoemaker, D.M.: Treatment of Psychosomatic Disorders in General Practice, Report accompanying Scientific Exhibit at the 12th Clinical Meeting of the American Medical Association, Minneapolis, Minnesota, Dec. 2-5, 1958.

AVAILABLE: For use in everyday practice: 1 mg. tablets, in bottles of 50 and 500; and 2 mg. tablets, in bottles of 50. **N.B.:** For information on dosage, side effects, cautions and contraindications, see available comprehensive literature, PDR, or your S.K.F. representative.

SMITH
KLINE &
FRENCH | leaders in psychopharmaceutical research

XUM

thing like this: 'I've called your other doctor, and he'll be glad to see you about this matter.'

"Remember that the doctor who discovers a mistake can never be absolutely certain whose fault it was. So if he follows the procedure I've just outlined, he's doing his full duty as a physician. And he isn't turning himself into a self-appointed judge and jury."

"Clear enough," I said. "But suppose the case is more complicated than a burn or a sponge. Suppose Doctor No. 2 is a urologist. He discovers that Doctor No. 1, a surgeon, has cut a ureter during a hysterectomy. At least he suspects that's what's happened. How can he make a frank disclosure to the patient without implying the surgeon's responsibility?"

How to Say It

"It's the medical fact that matters, not the guilt behind it," Dr. Sadusk replied. "He must tell the patient that something has affected the kidney. He might even say that the ureter appears to have been cut. But he doesn't have any right to speculate on what might have happened during surgery. If the patient asks, he can say: 'Frankly, I don't know. We'll have to operate in order to determine what's affecting the ureter.'

How to Record It

"I think the same procedure should be followed by Doctor No. 2 in making out the patient's hospital chart. He should report his findings fully: 'a nonfunctioning kidney on the left side.' But he shouldn't speculate in the record as to what Doctor No. 1 may or may not have done wrong. He should note simply: 'Pending further exploration, exact cause not yet known.'

"When he determines definitely that the ureter has been cut, or if he discovers a ligature around the ureter, he should record it immediately as a medical finding. Even then, though, he has no business speculating privately or in the record about the legal implications of the case."

"But you've recommended that he get in touch with Doctor No. 1," I said. "Doesn't that entail some legal risk? Some law-

Continued on page 262

Helps you take the misery out of menopause

as hormones alone often don't do



Fast-acting Milprem directly relieves both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and your assurances can now help her make her adjustment much faster.

Composition: Miltown (meprobamate) + conjugated estrogens (equine).
Supplied: Milprem-400, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estrogens (equine). **Milprem-200**, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60.
Literature and samples on request.

Dosage: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

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will have been

a "first choice" antimicrobial

In the 10 months since its introduction, ALTAFUR has effected cures in 75 per cent and improvement in an additional 15 per cent of recorded† cases. These cases included:

■ respiratory infections ■ wound infections ■ pyoderma ■ abscess ■ E.E.N.T. infections ■ bacteremia ■ osteomyelitis

Altafur is orally effective against the vast majority of common infections caused by pathogenic bacteria—including antibiotic-resistant staphylococci

■ therapeutic success is outstanding ■ *development of significant bacterial resistance is seldom—if ever—encountered* ■ normal intestinal flora is not unfavorably affected ■ monilial overgrowth has never been reported

For a better index of therapeutic success use Altafur

Tablets of 250 mg. (adult) and 50 mg. (pediatric), bottles of 20 and 100.

Average adult dose: 250 mg. four times a day. Pediatric dosage: 22-25 mg./Kg. (10-11.5 mg./lb.) body weight daily in 4 divided doses. Each dose should be taken with meals, and with food or milk at bedtime. *Alcohol should not be ingested in any form, medicinal or beverage, during* ALTAFUR *therapy and for one week thereafter.*

*Based on a projection of ALTAFUR Tablets dispensed in 10 months since their introduction.

†Compiled by the Medical Department, Eaton Laboratories, from case histories received.

NITROFURANS—a *unique* class of antimicrobials

EATON LABORATORIES, NORWICH, NEW YORK

Altafur®

brand of furaltadone

yers suggest that Doctor No. 2 may be liable for a breach of confidence in talking with his colleague or with his colleague's insurance company. What do you think about that?"

"I haven't suggested that he talk with the other man's insurance company," Dr. Sadusk answered. "As I've said, he has an obligation to talk with his *own* company and with the patient. If he then tells the patient that he has spoken to the first doctor and that No. 1 will talk with the patient, I don't think a jury would conclude there'd been a breach of confidence.

"But let me repeat what I've already said: Before talking with Doctor No. 1, Doctor No. 2 will be protecting his own interests best if he gets his own insurance company's advice. That's a warning I want to emphasize."

"Can you sum up all these warnings for me?" I asked.

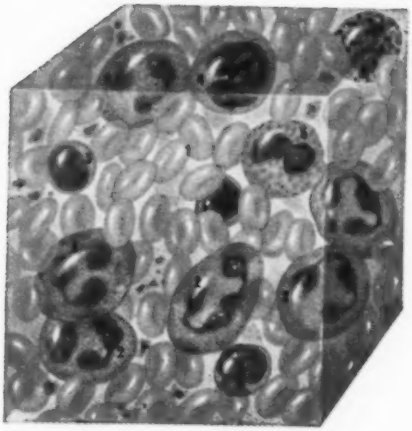
Dr. Sadusk thought a moment. Then he said: "Tell the patient frankly what the medical findings are. Tell him what has to be done medically, immediately or in the near future. Talk to your own insurance company. With their permission, talk to your colleague. But, under no circumstances, mention the question of fault or liability to the patient. Leave that to the lawyers and insurance men." END

Him-and-hernia

The very pretty second-year medical student was asked to give the usual symptoms of inguinal hernia. She rattled them off—ending with, "And, of course, priapism."

The instructor blinked. "Young lady," he said, "I've been teaching surgery for twenty years, and this is the first I've heard of priapism as such a symptom."

"Why," she said, "the last five men with inguinal hernia I've examined all had it!" —ANTHONY F. MERLINO, M.D.



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a *specially processed, co-precipitated* complex of *molybdenized* iron offering all these important advantages:

● MORE hemoglobin with ● LESS medication in a ● SHORTER period of time ● GREATER patient tolerance. ● and . . . costs no more than ordinary iron preparations.

There is a MOL-IRON product for all of your patient needs, as listed on pp. 878 to 880 in your 1960 Physicians Desk Reference.

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Unique benefit of APRESOLINE® helps reverse advancing hypertension

Apresoline contributes an exclusive action to the antihypertensive program: It is the only therapeutically acceptable agent to increase renal blood flow and relax cerebral vascular tone while it lowers blood pressure. With improved kidney function, advancing hypertension can often be halted—or even reversed.

Apresoline is indicated for moderate to severe and malignant hypertension, renal hypertension, acute glomerulonephritis, and toxemia of pregnancy.

When less potent drugs are not fully effective, when renal function must be improved, Apresoline is a logical prescription. Except in rare instances side effects are not a serious problem when the recommended maximal daily dosage (400 mg.) is not exceeded.

Rx **APRESOLINE®-ESIDRIX®**
for potentiated antihypertensive effect in advancing hypertension

Complete information available on request.

SUPPLIED: APRESOLINE Tablets, 10 mg., 25 mg., 50 mg. APRESOLINE-ESIDRIX Tablets, each containing 25 mg. Apresoline hydrochloride and 15 mg. Esidrix.

APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA). APRESOLINE® hydrochloride-ESIDRIX® (hydralazine hydrochloride and hydrochlorothiazide CIBA). 8/2867MB

CIBA
SUMMIT, N. J.

A Model Estate Plan for Today's Doctor

Continued from page 81

from now? And will his present investment program provide it?

Not counting his life insurance, Dr. Fay has invested a total of $111,000. If he continues to save $3,000 a year, he'll put away an additional $60,000 by the time he reaches retirement age. Let's say his equities triple in value over the next twenty years; and let's say he uses $40,000 of his capital to see his children through college. On those assumptions, the doctor should have a nest egg of $227,000 when he reaches 65.

Invested at 5 per cent, that money would yield him an income of $11,350 a year. Even after his official retirement, the doctor would probably continue to make a little something from his practice. So his goal of $12,000 a year seems within his grasp, at first glance. But Dr. Fay isn't nearly so well off as it seems.

More▶

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potentiated therapy for mild to moderate hypertension

Consider the benefits of Singoserp-Esidrix if it's mild to moderate hypertension (especially if edema is a complicating symptom). Singoserp, a man-made analog of reserpine, lowers blood pressure but seems to cause fewer side effects than natural rauwolfia compounds. When Singoserp is potentiated by Esidrix, blood pressure is lowered more effectively than with single-drug therapy. SUPPLIED IN TWO STRENGTHS: Singoserp-Esidrix *Tablets #2* (each containing 1 mg. Singoserp and 25 mg. Esidrix) and Singoserp-Esidrix *Tablets #1* (each containing 0.5 mg. Singoserp and 25 mg. Esidrix). Complete information available on request.



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(syrosingopine and hydrochlorothiazide CIBA)

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12/3764MD

Dr. Fay's Present Investment and Savings Program

Defensive:		
Bank accounts	$18,000	
Savings and loan association	15,000	
U.S. Government bonds	30,000	
Total defensive		$ 63,000
Aggressive:		
Mutual funds	40,000	
American Telephone & Telegraph Co. stock	8,000	
Total aggressive		48,000
Total savings and investments		$111,000

Too much of the doctor's money is invested in defensive securities, believes Investment Analyst Stephen M. Jaquith. His recommendations for changes begin on page 80.

At present tax rates, a $12,000 income produces only about $9,000 in spendable cash. And if the dollar continues to shrink, Dr. Fay may need as much as $24,000 a year in 1980 to buy the standard of living that $12,000 buys now.

For these reasons, I think he should take a long look at his investment program and consider making some drastic changes. About 61 per cent of his savings is now invested in defensive, fixed-dollar holdings: savings accounts, bonds, and life insurance cash values. To my mind, he has put entirely too much emphasis on dollar safety, and not enough on capital growth. For capital growth is what the doctor must have if he's to enjoy the standard

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recurring infections?
systemic reactions?



HARDLY EVER!

in urologic patients taking

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brand of methenamine mandelate

This is why Mandelamine is a most effective urinary antibacterial, especially for stubborn disorders. Urine-specific Mandelamine eradicates most pathogens commonly encountered in chronic urinary infections—even strains resistant to antibiotics and sulfonamides. Mandelamine—antibacterial, but *not* an antibiotic—does not produce resistant mutants. And systemic reactions are rarely seen. Mandelamine...effective, well-tolerated, economical. Average adult dose, 2 Mandelamine Hafgrams® q.i.d.

WARNER CHILCOTT

MORRIS PLAINS, N.J.

MA-GP02

of living he seeks for his retirement years.

I recommend that Dr. Fay cut his defensive investments down to roughly 20 per cent of his total portfolio. The rest of his money should go into *aggressive* investments—i.e., growth stocks.

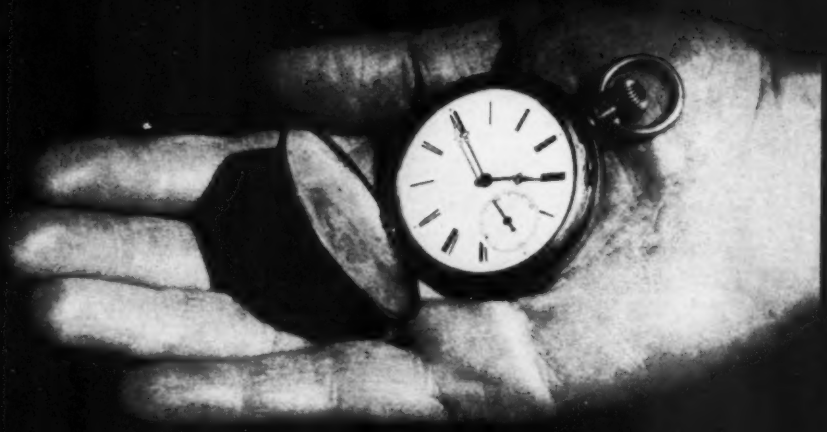
True, growth stocks wouldn't pay much in current dividends. But he doesn't need current income. What's important is that the value of such stocks would increase at least as fast as the cost of living, probably much faster. Dr. Fay would pay no tax at all on the year-to-year growth of his capital. And if he eventually sold his shares, the profits would be taxed at the low capital-gains rate.

If the doctor takes my advice, he'll buy mostly good quality, listed growth issues. But he might put 10 or 15 per cent of his aggressive-investment money into smaller, lesser-known companies with high growth potential. Many such companies start out over the counter but in time mature into listed, high-grade securities.

If Dr. Fay hasn't the time or experience to make his own investment decisions, he could seek



urinary pain?
frequency?



STOPS IN 30 MINUTES!

after the first dose of

PYRIDIUM®

brand of phenylazo-diamino-pyridine HCl

Patients on Pyridium experience welcome relief from urinary pain, burning, frequency and urgency—usually within 30 minutes. And Pyridium may be given with *any* urinary antibacterial. In fact, its recommended daily dosage of two 0.1-Gm. tablets t.i.d. provides a greater analgesic effect in adults than the recommended daily dosage of many fixed antibacterial-analgesic combinations. Because Pyridium is extremely well tolerated, you can provide pain relief until the underlying infection is completely controlled with the antibacterial of your choice. So next time you see a patient with a painful urinary infection, prescribe Pyridium.

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Made with solid Bronze Letters riveted to heavy shield-shaped stainless steel emblem.
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help from an investment counselor or the trust department of his bank. He now has enough capital to permit diversification of his holdings. And the cost of professional guidance is generally no more than the annual management fee charged by mutual funds.

Of course, nothing is guaranteed in the stock market. There's no way of telling for sure how Dr. Fay's replanned investment program would work out. Just the same, common stocks have proved over the years to be a far better long-range investment than fixed-dollar securities. The program of stock investments I suggest would permit the doctor to participate in the growth of the economy. He'd have protection against inflation, too. I can't predict the exact income he'd enjoy by the time he's ready to retire. But there should be enough to enable him to maintain a good standard of living.

Thus, an *aggressive* investment program would solve the last of Dr. Fay's estate-planning problems: making sure that he and his wife will have enough to live on in their old age. END

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• The new, comprehensive HEINZ RESEARCH CENTER—source of nutritional planning and latest technological development.

- Help eliminate danger of chipping of glass
- End problem of ill-fitting bent lids
- Caps reseal airtight for safe storing of unused foods

Over 100 Kinds • HEINZ BABY FOODS

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If You Have to Fire an Aide

Continued from page 96

job of passing her prejudices on to the new girl. So if your aide feels aggrieved, keep the handing-over period to a minimum.

The wisest procedure, seems to me, is to hire a new assistant before you fire the old one and to arrange things so that the new girl will come in on the day after you break the news to her predecessor. When the new girl is reasonably well oriented, you can let the lame duck go, with pay for the unworked period of her notice.

In other words, it's often a good idea to get her out of your office as soon as you comfortably can. She probably won't set fire to your charts or drop stink bombs in the reception room. But she can waste time, gripe at patients, muff vital phone calls, let supplies run out, and grin at her successor's flounderings.

Continued on page 276

NEW "TAILOR-MADE" ANTIHISTAMINE

TABLETS

Twiston* Rotoxamine



keeps patient symptom-free, alert



side effects, particularly drowsiness, negligible or absent

Twiston, 2 mg./Twiston R-A, 4 mg..... full symptom-control with unusually low dosage...no toxicity reported.

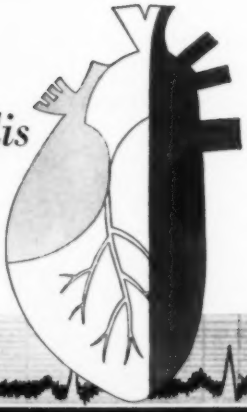
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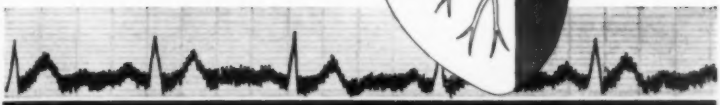
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"If one digitalis agent were to be recommended for its adaptability to the many and varied clinical contingencies, we believe Digoxin would be the drug of choice."

Lown, B., and Levine, S. A.: Current Concepts in Digitalis Therapy, Boston, Little, Brown & Company, 1954, p. 23, par. 2

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0.25 mg. scored (white) 0.5 mg. scored (green)	0.5 mg. in 2 cc. (I.M. or I.V.)	0.05 mg. in 1 cc.

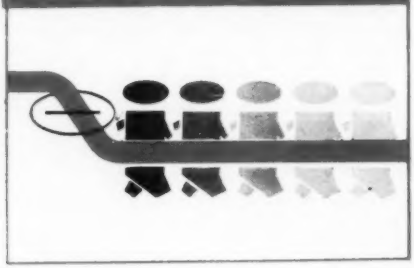
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oral blood-sugar
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IN BRIEF

DIABINESE, a potent sulfonylurea, provides smooth, long-lasting control of blood sugar permitting economy and simplicity of low, once-a-day dosage. Moreover, DIABINESE often works where other agents have failed to give satisfactory control.

INDICATIONS: Uncomplicated diabetes mellitus of stable, mild or moderately severe nonketotic, maturity-onset type. Certain "brittle" patients may be helped to smoother control with reduced insulin requirements.

ADMINISTRATION AND DOSAGE: Familiarity with criteria for patient selection, continued close medical supervision, and observance by the patient of good dietary and hygienic habits are essential.

Average maintenance dosage is 100-500 mg. daily. For most patients the recommended starting dose is 250 mg. given once daily. Geriatric patients should be started on 100-125 mg. daily. A priming dose is not necessary and should not be used; most patients should be maintained on 500 mg. or less daily. Maintenance dosage above 750 mg. should be avoided. Before initiating therapy, consult complete dosage information.

SIDE EFFECTS: Many side effects, e.g., hypoglycemia, gastrointestinal intolerance, and neurologic reactions, are related to dosage. They are not encountered frequently on presently recommended low dosage. There have been, however, occasional cases of jaundice and skin eruptions primarily due to drug sensitivity; other side effects which may be idiosyncratic are occasional diarrhea (sometimes sanguineous) and hematologic reactions. Since sensitivity reactions usually occur within the first six weeks of therapy, a time when the patient is under very close supervision, they may be readily detected.

PRECAUTIONS AND CONTRAINDICATIONS: If hypoglycemia is encountered, the patient must be observed and treated continuously as necessary, usually 3-5 days, since DIABINESE is not significantly metabolized and is excreted slowly. DIABINESE as the sole agent is not indicated in juvenile diabetes mellitus and unstable or severely "brittle" diabetes mellitus of the adult type. Contraindicated in patients with hepatic dysfunction and in diabetes complicated by ketosis, acidosis, diabetic coma, fever, severe trauma, gangrene, Raynaud's disease, or severe impairment of renal or thyroid function. DIABINESE may prolong the activity of barbiturates. An effect like that of disulfiram has been noted when patients on DIABINESE drink alcoholic beverages.

SUPPLIED: As 100 mg. and 250 mg. scored chlorpropamide tablets.

More detailed professional information available on request.

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Should there be severance pay beyond any salary that you hand out in lieu of notice? Such pay isn't customary in medical offices. But it's worth considering. Here's why:

If you try to spend as little as possible on getting rid of your assistant, she may spread stories about the cheap chiseler she worked for. "Imagine!" she may exclaim. "He begrudged me an extra five bucks out of his $30,000-a-year net!"

So why not supplement a fired aide's final pay check with wages for her accrued vacation time? You might add one day's pay for each complete month worked since her last paid vacation. And if she has worked on legal holidays and hasn't had time off in compensation, pay her for those days, too.

5. Don't give a dismissed aide an open reference. Tell her to ask prospective employers to get in touch with you.

After all, how much attention do *you* pay to a letter that begins: "To Whom It May Concern"? I once was sitting with a doctor when a job applicant handed him a yellowed paper headed by this hackneyed phrase. It said that for two years she'd "occupied a position of trust to the entire satisfaction" of the employer. The statement was dated five years earlier. For all the doctor knew, she could have spent the intervening time in jail.

Besides, most such open ref-

ust wait

The senior surgeon repeatedly dressed down the interne assisting him in a difficult case. Finally, after closing up, the surgeon turned to the interne and sneered, "Young man, what do you expect to be next year?"

"A referring physician," the interne quietly replied.

—M. M. SCHWARZ



Tampax gives women the freedom to swim, bathe, even skin dive, just as they would at any other time of the month.

Millions of women have used billions of Tampax.
Invented by a doctor for the benefit of all women
...married or single, active or not.
Proved by over 25 years of clinical study.

Tampax® internal sanitary protection is made only by Tampax Incorporated, Palmer, Mass.
Samples and literature will be sent upon request to Dept. ME-7180

TAMPAX

SO MUCH A PART OF HER ACTIVE LIFE

XUM

erences are less than truthful. An employer never writes: "I fired this girl because she was lazy." Instead, he says: "She was employed by me from Jan. 1 to March 31, and I'm sorry I had to replace her."

So merely suggest to the aide you're firing, "When you find a likely job, ask your new employer to write me or call me. I'll do the best I can for you."

Then you can confidentially tell whoever calls the facts of the firing. If the vice president of a bank calls, you can huff and puff —and finally admit that your former aide's arithmetic was a mite original. And if Joe's Bar and Grill rings up to tell you she's applying for a job as a waitress, you can cross your heart and swear that she loves meeting the public.

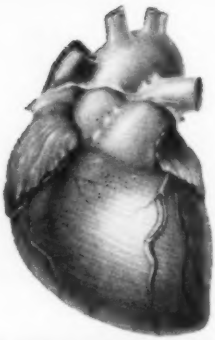
In both cases, you're being fair—not only to your one-time assistant, but to yourself and to her possible future employer. If you try your best to be fair when and if you have to fire an aide, you'll have little trouble handling the unpleasant job. END

for continued patient cooperation and better diabetic control...

fully standardized urine-sugar test with "urine-sugar profile" recording chart . . . dependable, day-to-day visualization of diabetes control

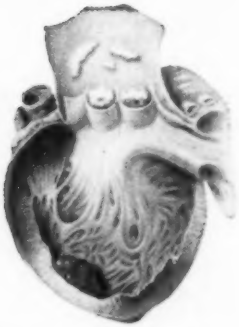
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IN ANGINA PECTORIS AND CORONARY INSUFFICIENCY

. . . treatment should also control the patient's ever-present anxiety about his condition.



AFTER MYOCARDIAL INFARCTION

. . . the disabling fear and anxiety that invariably accompany the condition must also be reduced.

Protects your coronary patient better than vasodilation alone

Unless the coronary patient's ever-present anxiety about his condition can be controlled, it can easily induce an anginal attack or, in cases of myocardial infarction, considerably delay recovery.

This is why Miltrate protects the heart better than vasodilation alone in coronary artery disease. Miltrate contains not only PETN (pentaerythritol tetranitrate), acknowledged as basic therapy for long-acting vasodilation. What is more important – Miltrate provides Miltown, the tranquilizer of *proven* effectiveness in relieving anxieties, fear and day-to-day tension.

Thus, your patient's cardiac reserve is protected against his fear and concern about his condition . . . and his operative arteries are dilated to enhance myocardial blood supply.

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Index of Advertisers

Page number in parenthesis refers to product listings in Physician's Desk Reference or supplement published by MEDICAL ECONOMICS, INC.

Abbott Laboratories
Iberol *(PDR 607)*..Insert between 170, 171
Nembutal *(PDR 608)* 6
Oretic *(PDR 609)* 197
Selsun *(PDR 612)* Insert between 170, 171
American Optical Company
Stereoscopic Surgical Microscope.....170
American Sterilizer Company
613-R Portable Dynaclave 116
Ames Company, Inc.
Clinitest *(PDR 616)* 278
Armour & Co.
Dial Soap 208, 209
Aveeno Corporation
Aveeno Colloidal Baths *(PDR 625)*.... 20
Ayerst Laboratories
Beminal Forte *(PDR 625)* 66
"Murel" S.A. *(PDR Apr. Supp.)* ..218, 219
"Premarin" Intravenous *(PDR 628)* ...152

Bauer & Black (Div. of The Kendall Company)
T.E.D. Anti-Embolism Stockings 211
Bausch & Lomb Optical Company
Arc-Vue Otoscope 184
May Opthalmoscope 184
Bayer Company, The
Bayer Aspirin for Children 65
Birtcher Corp., The
300-R Electrocardiograph 45
Breon & Co., Geo. A.,
Diaparene *(PDR 637)* 28
Lanesta Gel *(PDR 639)* 121
Bristol Laboratories
Syncillin *(PDR Apr. Supp.)* 195
Burroughs Wellcome & Co., Inc.
Lanoxin *(PDR 646)* 273
Marezine *(PDR 647)* 143

Camp & Co., S. H.,
Cervibrace 253
Chicago Pharmacal Company
Urised *(PDR 652)* 120
Ciba Pharmaceutical Products, Inc.
Apresoline *(PDR 653)* 264
Dianabol 172, 173
Doriden *(PDR 654)* 36, 37
Nupercainal *(PDR 656)*..... 27
Priscoline Lontab *(PDR 658)* 5
Singoserp/Esidrix *(Apr. Supp.)*..115, 265
Colwell Company, The
Free Catalog & Information Kit 270
Cooper, Tinsley Laboratories
Phantos and Phantos-10 *(PDR 662)*... 8

Drew Pharmacal Company
Zilatone Tablets 160

Eaton Laboratories
Altafur *(PDR 670)* 260, 261
Furadantin *(PDR 671)* 47
Tricofuron Improved *(PDR 672)* 239
Endo Laboratories
Coumadin *(PDR 673)* 64
Murel-S.A. *(PDR Apr. Supp.)*....218, 219
Erdman & Associates, Inc., Marshall,
Prefabricated Medical Buildings 122

Gebauer Chemical Company, The
Ethyl Chloride 119
Geigy Pharmaceuticals
Butazolidin *(PDR 677)* 231
Tofranil *(PDR 679)* 133

Heinz Company, H. J.
Baby Foods 271

Kinney & Company
Chel-Iron *(PDR 688)*.....148
Emetrol *(PDR 689)* 114
Knoll Pharmaceutical Company
Quadrinal *(PDR Apr. Supp.)*..... 16

Lambert Pharmacal Company
Listerine 26
Lederle Laboratories
Achromycin *(PDR 693)* 30, 174
Aristocort *(PDR 694)* 156
Declomycin *(PDR Apr. Supp.)* 38, 39
Leeming & Co., Inc., Thos.,
Calmitol *(PDR 704)* 17
Clarin *(PDR 704)* 217
Lilly & Company, Eli,
Becotin-T 53
Co-Pyronil *(PDR 707)* 101
Darvon Compound *(PDR 708)* ...102, 103
Ilosone *(PDR 712, 711)* 229
Lente Iletin *(PDR 711)* 215
Seconal Sodium *(PDR 715)* 131
Trinsicon *(PDR 716)* 280
Lloyd Brothers, Inc.
Cynal *(PDR Apr. Supp.)* 221
Roncovite-MF *(PDR 720)* 14
Surfak Capsules *(PDR 720)* 207

McNeil Laboratories, Inc.
Grifulvin *(PDR 728)* 255
Tylenol *(PDR 729)* 139
Twiston Tablets *(PDR Apr. Supp.)* 272
Maltbie Laboratories
Caldecort *(PDR 722)* 235
Desenex *(PDR 722)* 107
Dornwal 30, 31
Medicone Company
Rectal Medicone-HC 56
Rectal Medicone Suppositories 57

Bindles covered by U.S. patent No. 2,193,734

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INDEX OF ADVERTISERS

Merck, Sharp & Dohme
Cremomycin *(PDR 734)* 12
Decadron *(PDR 735)* ..... IBC
Diuril *(PDR 735)* 168, 169
Hydeltra-T.B.A. *(PDR 737)* 44
Thrombolysin 109, 110, 111, 112, 113

Merrell Company, The Wm. S.,
Simron *(PDR 745)* ..... IFC

Minnesota Mining & Mfg. Co.
"Thermo-Fax" Copying Products 249

Parke, Davis & Company
Eldec Kapseals 104, 105
Humatin Kapseals 205
Pitocin *(PDR 763)* 163

Pfizer Laboratories
Ataraxoid *(PDR 767)* 67
Daricon *(PDR 768)* 232, 233
Diabinese *(PDR 768)* 274, 275
Niamid *(PDR 769)* 236
Terra-Cortril *(PDR 770)* 33
Urobiotic Capsules *(PDR 772)* 212, 213
Vistaril *(PDR 772)* 22, 23

Pharmaceutical Manufacturers Association 283

Riker Laboratories
Disipal *(PDR 783)* 24

Robins Company, Inc., A. H.,
Donnagel-PG 175
Donnazyme *(PDR 786)* 182
Dimetane *(PDR 785)* 51
Entozyme *(PDR 786)* 225
Robaxin *(PDR 787)* 41

Roche Laboratories, Div. of Hoffmann-LaRoche, Inc.,
Gantrisin *(PDR 788, 789)* 140
Librium *(PDR Apr. Supp.)* ..... Insert between 68, 69

Roerig & Company, J. B.,
Antivert *(PDR 795)* 190
Maxipen 222, 223

Sanborn Company
Electrocardiograph 10

Sandoz Pharmaceuticals
Cafergot *(PDR 801)* 123
Mellaril *(PDR 802)* Insert between 202, 203

Schenlabs Pharmaceuticals, Inc.
Dorbane, Dorbantyl, Dorbantyl Forte *(PDR 804)* 179

Schering Corporation
Alpen 54, 55
Delenar *(Apr. Supp.)* 34, 35
Deronil *(PDR 806)* 21
Diloderm Aerosol 157
Diloderm Cream 153
Diloderm Foam 155
Diloderm 151
Meti-Derm *(PDR 806)* 137, 138

Schmid, Inc., Julius,
Rameses Diaphragms & Jelly *(PDR 809)* 159

Searle & Co., G. D.
Pro-Banthine with Dartal *(PDR 811)* 146, 147

Sherman Laboratories
Protamide *(PDR 813)* 164

Shield Laboratories
Riasol *(PDR 813)* 68

Smith-Dorsey
Nebralin *(PDR 813)* 42, 43
Triaminic *(PDR 814)* 240, 241

Smith, Kline & French Laboratories
Combid Spansule *(PDR 815)* 165
Compazine *(PDR 815)* 18
Daprisal *(PDR 817)* 117
Feosol Spansule *(PDR 819)* 61
Stelazine *(PDR 820)* 256, 257
Thorazine *(PDR 821)* 243, 245, 247
Trophite *(PDR 822)* 48
Eskatrol Spansule *(PDR Apr. Supp)* ..... IBC

Spencer Industries
Stainless Steel Auto Emblems 270

Squibb & Sons, E. R.,
Kenalog-S *(PDR 830)* 127
Mysteclin-f *(PDR Apr. Supp.)* 161

Strasenburgh Co., R. J.,
Tussionex *(PDR 841)* 145

Tampax Incorporated
Tampax 277

Upjohn Company, The
Cytran 58, 59
Levanil *(PDR Apr. Supp.)* 49
Medrol Medules *(PDR 860)* 185, 186, 187

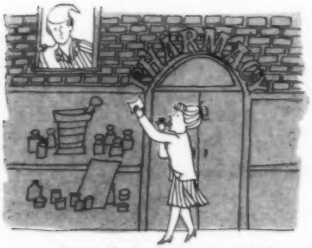
Wallace Laboratories
Appetrol *(PDR 870)* 154
Deprol *(PDR 870)* 180, 181
Meprospan-400 *(PDR Apr. Supp.)* 63
Milpath *(PDR 870)* 25
Milprem *(PDR 870)* 259
Miltown *(PDR 870)* 134, 135, 251
Miltrate *(PDR 871)* 279
SOMAcort 128, 129

Warner-Chilcott Laboratories
Mandelamine *(PDR 873)* 267
Pyridium *(PDR 874)* 269

White Laboratories, Inc.
Disophrin 124
Mol-Iron *(PDR 879)* 263
Otobione *(PDR 880)* 99
Sorboquel Tablets *(PDR Apr. Supp.)* 198, 199, 200, 201
Vitamin A & D Ointment with Prednisolone *(PDR 880)* 167

Winthrop Laboratories, Inc.
PNS Suppositories 189

Wyeth Laboratories
Oxaine 176, 177
Polymagma Tablets *(PDR 889)* 226, 227



Cartoon idea by pharmacist Emil Magdalener

Many of you may have seen a recent cartoon depicting a midnight scene in front of a pharmacy. A woman is pounding on the door and the pharmacist is leaning out the window of his apartment over the store. "Open up," shouts the woman. "My husband is sick and I need a stamp so I can send this prescription to the mail order house."

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Memo

From the Publisher

The Answer Is No

Over the last year, doctors I've met have asked me these questions, among others:

"Isn't MEDICAL ECONOMICS sent to me by some surgical supply house?" . . . "Aren't you financed by one big pharmaceutical firm?" . . . "Don't you have some editorial tie-in with the A.M.A.?" . . . "Isn't most of your editorial material abstracted from other publications?" . . . "Doesn't MEDICAL ECONOMICS reach large numbers of laymen?"

The answer to all these questions —"No!"—is implicit in the six-word statement that appears on the first contents page in every issue. MEDICAL ECONOMICS, it says, is an "independent national business magazine for physicians." But the questions make me think I'd better get more explicit occasionally and elaborate on that statement. As follows:

Independent means that MEDICAL ECONOMICS is independently owned and published. The parent company, Medical Economics, Inc., is not affiliated with any pharmaceutical firm, medical society, medical advertising agency, or surgical supply house. Its main business is publishing MEDICAL ECONOMICS, the drug directory *Physicians' Desk Reference*, and the magazines RISS (for residents, internes, and senior students) and *Medical Marketing* (for sales executives).*

Editorially, too, MEDICAL ECONOMICS is independent. It prints facts as it finds them—not as vested interests wish them to be. And its pages are open to all shades of opinion.

National doesn't need explanation, but *business* does. It's used here in its broadest sense, encompassing almost all practical aspects of a doctor's life except diagnosis and treatment.

Magazine means that MEDICAL ECONOMICS is neither a journal nor a digest. It specializes in concise, original articles—not in lengthy reports or in second-hand abstracts. And it aims to make everything easy, even fun, for its readers to read.

Finally, *for physicians* means that MEDICAL ECONOMICS isn't made available to the general public. It limits its circulation to those who can benefit from both its articles and its ads.

—LANSING CHAPMAN

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